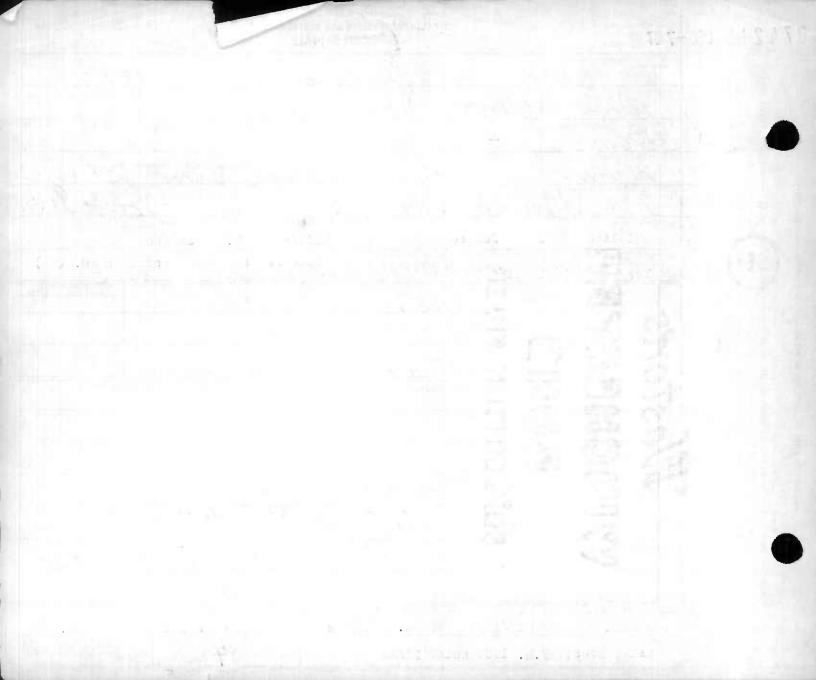
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(VRA 15, 4)



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N OF VIT	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		D (ENTER NATURE OF INJUR	RY IN ITEM TB PART I ORPAF	IT 2)
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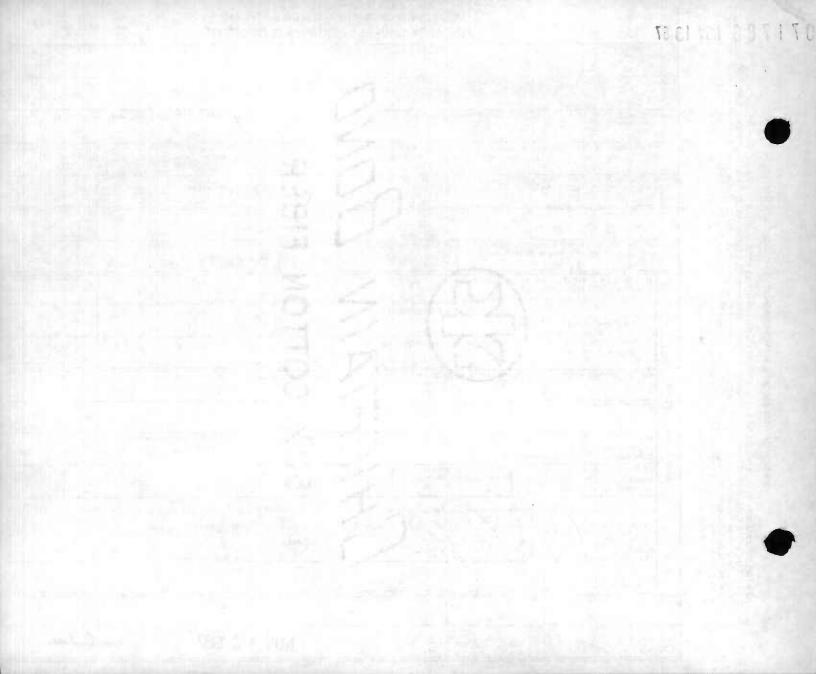
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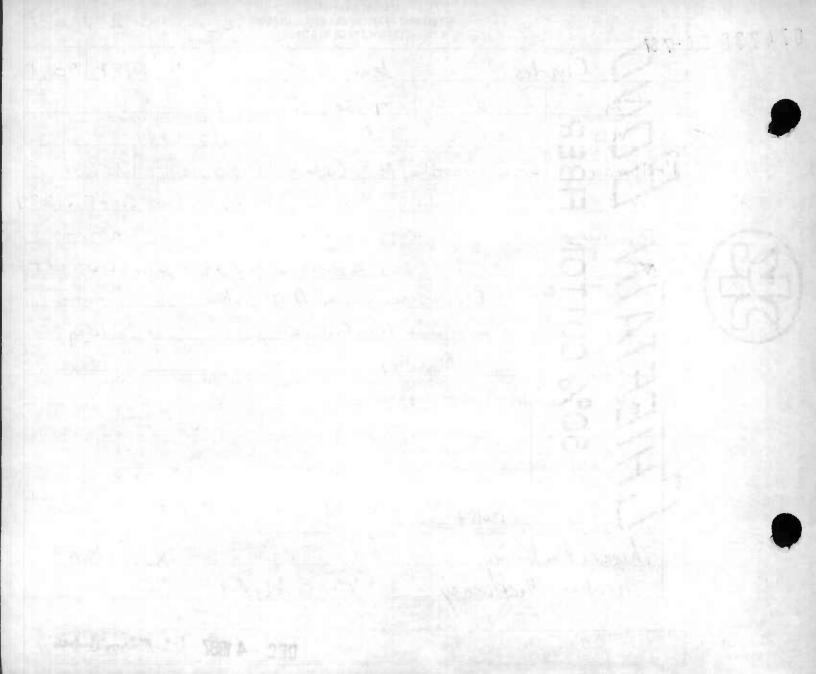
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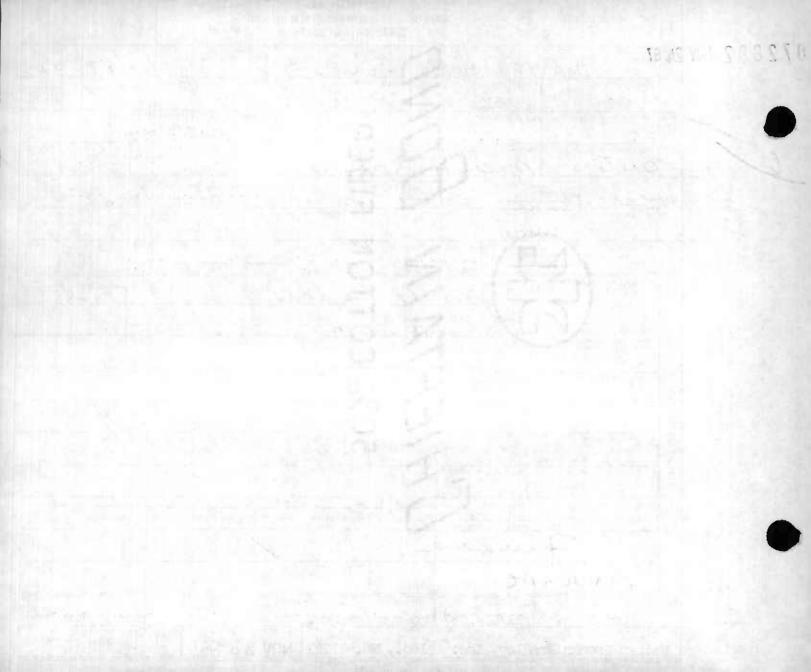
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO THE PRINT KNOWN XX MONTH OF ESTI- X Beverly Ann Jones 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD emale Black 06 1953 34 19 87 a. M 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City New York DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Baltimore Bon Secours Hospital Bank Teller Equitable USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 130 STREET ADDRESS Baltimore, Maryland 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore 2429 Saint Paul Street 21218 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Unknown Willis Unknown Regina Polston 17. INFORMANT MES. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO Baltimore, Maryland T. PAGES 1 DIVISION No. 212-60-9530 Regina Nutter 1013 Augusta Ave 21229 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, D
RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Narcotic Intoxication IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING THE WORI ARDED TO THE CH AGE 3 SHOULD BE U ATE DEPARTMENT C YES W NO [] BC 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR HOUR A.M. MONTH DAY YEAR UNDERLYING subject used drug CONTRIBUTING CAUSE OF DEATH 11-6 1987 21e PLACE OF INJURY 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 2419 Edmondson Avenue, Baltimore, Maryland House Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from: Hamicide Undetermined monner XX Natural causes NE USPECIFY! DATE ssistant 11-6-87 SIGNED (TYPE OR PRINT) Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 23b DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11/10/1987 Burial Garrison Forest Vet Cem Owings Mill Md .-07/84 25M 24 FANGTAT ERECPUNERAL HOMES, INC. **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTI-DELAY IS NECESSARY, PLEASE 31 OTHE FUNKRAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
DEFILED. WITHIN 72 HOURS ADE, ZOJ W. PRESTON STREET, DEATH MATED Casey Jones 8 19 87 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE MONTH DAY YEAR LAST BIRTHDAYI PRONOUNCED 3:15P MALE BLACK 11 20 67 DEAD 1987 YRS 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) VA USA WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY DISABLED DAV Baltimore 1418 N. Chester Street EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IB. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 4 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES I AND 2 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF WALL RECORDS, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNT BALT IMORE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1418 N. CHESTER STREET ALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ROBERT VIRGINIA JONES JR ELLIS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 225-16-6377 DAISEY SPEARNAN 1418 N. CHESTER STREET CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOXX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 22a I certify that I tack a ar of the remains described above. Ald an Inspection death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/9/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. Balto.MD. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE BURIAL 11/14/87 JONES CEMETERY CHESTERFIELD VA 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WM. C. MARCH F/H, INC. 1101 E. NORTH AVENUE **DHMH - 17** dia Davidson Kandall (VR A15 ME (5))

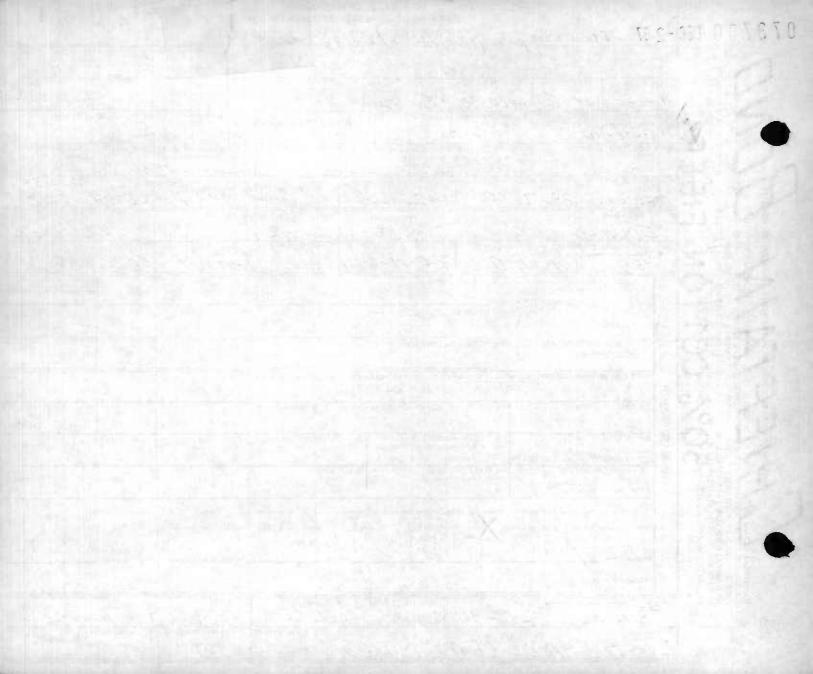




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SON MAN	문문 문문	22a. I certif	y that I took charg	e of the remains desc	ribed obove, held on	Autops	y X, Inspect	on . Inq	uiry , on	d in my opi	nion	
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SE SE	MORE. A	SIGNATURE	V	0	7000	/ - M	D. ASSISTAL	nt_MEDICALE	XAMINER	SIGNE	10/19/	87
MEDICAL CUTE THE STE 4 SHOIL	A PER	EXAMINER'S I	NAME IV	ario F. G	olle, Jr, I	M.D.	11	l Penn St	Jun 1	Bal+	o.MD.	
7 EXE		230, BURIAL, CREMAT			23c. NAME OF CE			23d. LOCATIO				
07/84 BP 95	36	BILR TAI		10/23/87	GARRISO		DEST CE	M OUT NO	& MITT.	S	TY 51	MD.
DHMH -		24 FUNERAL DIREC		ADDRESS			25a. DATE	REC'D. BY REGIS	TRAL 25b. REGIS	TAR'S S	Support	1
(VR A15 A			MARCH F		E. NORTH	AVE		22 1984	guina		•	41



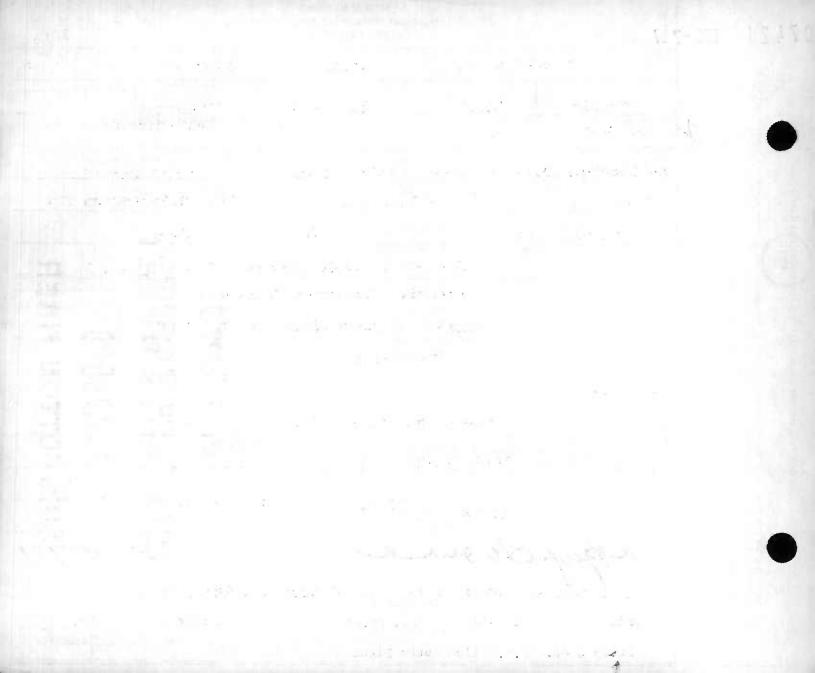
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9			CEASED NAME FIRST		WIDDIE		LAST	20 DATE KI	NOWN W MONTH	DAY	YEAR 26 HOUR
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	A SERVICE OF THE SERV	100		IF NOT IN SUCH FAC	HITY, GIVE STREET ADDRESS)			FOR MOST OF WORKI	NG LIFE)	OR IN	IDUSTRY
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101	POSTO	13a S		R INSTITUTION, GIVI	13c. CITY OR TOWN	/	13d INSIDE CITY LIMITS?	13. STREET ADDRES	5 , ,	-	1234
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WD.	LUSSAN I	15,50	THER'S NAME	DIF	LAST		15. MOTHER'S MAIDE	N NAME MID	DIF	IAST	
32	388 BZ	0	EDWARD C	-,	JONES		MARI	5 6	5	KIZU	EGER
WO	839 X	Ide. V	S DECEASED EVER IN U.S. ARMED F		166. SOCIAL SECURITY		17. INFORMANT		ADDRESS		
17	E 20.93	1	ES (IF YES, GIVE WAR OF	TL	220-14-1	5401		FAMILY	RECO	01210	5
- 2	V. P. S.		18 CAUSE OF DEATH (Enter only one	couse per line (/		11111111111	100	APPRO	XIMATE INTERVAL
to	\$ 02 H		PART I DEATH WAS CAUSED BY:	Hyp	ertensive art	eriosc	lerotic card	iovascular d	sease	BETWEEN	N ONSET AND DEATH
0	が毎日報告書	93	IMMEDIATE CAI	USE (0)	AS A CONSÉQUENCE O	_					
52	AZ A PERS	100	Canditians, if any, which	DOL TO, OK	S A CONSEGUENCE		1000				
-	FORESER		gove rise to immediate	(b)							
¥ .	SAN TAN		lying couse last.	DUE TO, OR A	AS A CONSEQUENCE C	OF .					
. 20	5-0199			(c)							
RECORDS	WA BEAGE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI				OR CONDITION GIVEN IN PAI	RT 1 (a)			
0	A SAS A SAS T	CERTIFICATION	Fatty liver and Sma								
- 2	A KE	2	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUT	OPSY?
1	F82008	E								YES	NO [
9	HAT OWO	8	21a. EXTERNAL CAUSE WAS	216. TIME OF	INJURY MONTH DAY YEAR	21c. HC	W INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR F	ART 2)	
×	SHOOTS		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		19						
1810	E STONE	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	FINJURY (ATHOME,	211. LOC					
ě	SE S	E	AT WORK AT WORK	STREET, FACTO	DRY, FARM, ETC.)	SI	REET	CITY OR TOWN	4 C	VINUO	STATE
	H PA PA	0.34					77		7		
	A E E E E E E	100	22a. I certify that I took charge of th	ne remoins desc	ribed obave, held an	Autops	y X, Inspection	Inquiry	, ond in my o	pinion	
-	ME WEEK		death resulted from Matural cau	ret X	Accident Ly Sui	cide	I micide	Undetermined man	ner,		
4	A V M M M M M M M M M M M M M M M M M M	HC!	ACTUAL MANA	1	Mary)	1	LE (SPECIFY)				
	₹#9¥E		SIGNATURE OF THE	2	Buch	/ M	Assistan	MEDICAL EXAMI	VER SIGN	IED_11/	27/87
	SEA SEA	_	EVALUATED'S NIAME			1/					
	*SASTE		EXAMINER'S NAME (TYPE OR PRINT) Mario	F. Gol	le, Jr., M.	D	ADDRESS 1.1.1	Penn St.	Balt	0.,MD	•
	584544	73 (B)	ITIAL CREMATION, REMOVAL 236 DA	ATE	23c. NAME OF CEA	METERY OF	RCREMATORY	23d LOCATION		UNTY	STATE
07/84	BP903		BURIAL 12-	01-198	7 LOUDOI	V PA	RL CEM.	BALTO.	CITY	MAIZ	YLAND
25M	DHMH - 17	24. FI	JNERAL DIRECTOR	2			25a. DATE R	EC'D. BY REGISTRAR		SIGNATURE	Rost .
	(VR A15 ME (5))	E	VANIS CHAPPEL	- (F)	MEMORI	105	DEC	0 1 1987	Aulia Dans	serve year	IV
		_					the second second second	N. 10 10 10 10 10 10 10 10 10 10 10 10 10	R. C		



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nay be poge 3 rr deoth	{TYPE	(OR PRINT) FAN	INIE	M	20	NES		Nov	6 19	187 1505,
te 4 may	3. SE	FEMALE	1 RACE NEC	ino	S. DATE C		เจ้เเ็้ง	6 AGE (IN YEARS LAST BIRTH		RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.
nerol direction 72 hours		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MA		9 BALTIMORE CITY OR BALLING	COUNTY OF DE	ATH
Softer d		BALTI MOVE	- LIENOT IN SI	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET SCOTT KE	ADDRESS)			120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF)		KIND OF BUSINESS OR USTRY
filled in ould be	130	AL RESIDENCE (IF NURSING HOME (STATE 136 COL VARYLYND		13c, CITY OR TOW	/N 1	13d. INSIDE CITY	Y LIMITS?	130 STREET ADDRESS / 2027 E. PRI		21213
MARYL ed withir mpletely old 2 sh	14. FA	PHARLIE	MODEROL	LINS		15. MOTHER'S A		N/R MIDDLE		LAST
BALTIMORE,		VAS DECEASED EVER IN U.S. A	RMED FORCES?	213-12-	2233	HART O	JONE:	2027 B	Pres	ton pt
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	ATE CAUSE (a)	metastat	ic tra	usitimo	I cell	CONCRY, WE		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST ORD PHYSICIAN: The low requires that the death certi- attending physicion. Other this certificate hos been signed by the ottending posts the buriol-tronsit permit. Then please remove corbon the ond Mental Hygiene prior to buriol, cremotion, or ren orked or them 18 shows any injury, or other troumatic ev		Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause last.	(b)_	OR AS A CONSEQUI	TONAC	CELC	ANCER	L, ureter	1	byears
requires the signed or to burno injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM			
VITAL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	YES NO NO		FINDINGS USED AUSES OF DEATH? NO
DN OF VITA IYSICIAN: Th ding physicic sis certificate buriol-tronsit Mental Hygie		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M., MONTH D P.M.	AY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART TORF	PART 2)
DIVISION Or attendir After this e os the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET FACTORY OFFICE, I	FARM ETC)	21f LOCATION		CITY OR FOW		UNIY STATE
ATTENDI Spitol or STOR: A for use of Heol		220.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) (did) (did i	n Nov 6	19_	de lidere	-	19 8 1	to NOV		that (I) (we) lost om the causes stated
AL OR A the hos AL DIREC Jetoched ote Dept		The SIGNALIME	N free	man No.	0		TENDING TYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		DATE SIGNED 100 6, 1987
TO HOSPITAL retoined by th TO FUNERAL should be detr with the Store		RICHARD L	OH FRINTING	EMAN M	v		4940 SCOTT MUYCE	EASTERN A	at E	
BP		BURIAL CREMATION, REMOVA	11/12	187 /	NAME OF C	emetery or cr	real	23d LOCATION CITY OR TOWN	MUL COUNT	TY (MA) STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	Jane 13	of MADORAL	entra	090	NO'	REC'D. BY REGISTRAR 2	SE REGISTRAR'S S	IGNATURE

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215 DEC-	b7	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	10:25
• 6 t		CEASED NAME	Gwendolyn	E.	Jones	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR 10:P
poge 3	3. SEX		4 RACE		5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
ctor.	L	Female		ack	11-19-50		ONTHS DAYS HOURS MIN
ooth Pag		RTHPLACE ISLATE OR I	FOREIGN 76. CITIZEN OF	what country?	8. MARRIED NEVER MARRIED X	BALTIMORE CHY OF COUNTY	CITY "
by the filed with	27.0	TY OR TOWN OF DEA	ATH II. NAME OF	HOSPITAL, NURSIN	OF HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Social Se	126 KIND OF BUSINESS C
24 hours	-USU/	AL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION 136 COUNTY	N GIVE RESIDENCE BEFORE 136. CITY OR TOW Bal	E ADMISSION) /N 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1617 N. Patte	2
ond 2 sk	14. FA	THER'S NAME FIRST Lemmon	Jones	LAST	15. MOTHER'S MAIDEN N	AME MIDDLE Jones	LAST 2121
Poges		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	214-50-2		ess 2023 McCulloh	St. 21217 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			DUE TO	AP AS A CONSECUL	ENCE	01 1	
v requires that the death	ATION	None	, which mediate pg the lost. (c)	OR AS A CONSEQUI	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	
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R ATTENDING PHYSICIAN: The lo hospital or attending physician. RECTOR: After this certificate has led for use as the burial-transit perrept of Health and Mental Hygiene priem 21 is marked or frem 18 shaws or	WEDICAL	gove rise to imma couse (0), stofir underlying couse PART 2 OTHER SIGN NONE 19a DATE OF OPERA 21a ACCIDENT WAS UNIT OR CONTRIBUTING 1 (IF EITHER NOTIFY MED) 27d INJURY OCCUR. WHILE NOTIFY MED) 27d. I certify that (1) saw the decease obove, (1) (we) (1) 27b. SIGN ATURE	mediate mediat	DR AS A CONSEQUIDATION FOR WHICH Sestinal OF INJURY A.M. MONTH D. 25 11-28 FOF INJURY STREET FACTORY, OFFICE, For Injury office of Injury of Injury office of Injury of Injury of Injury office of Injury o	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED Obstruction AY YEAR 18 711 LOCATION STREET ATTENDING PHYSICIAN 172e ADDRESS	200 AUTOPSY? YES NO NO NOTION GIVEN VES NO NO NOTION SIVEN VES NO	WERE FINDINGS USED ING CAUSES OF DEATH? NO COUNTY STATE 9 87, that (h (we) lo ond from the couses stated



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3548 DEC		PRINT LUCI	LUCILLE MID	L.	SAUCT 1970 S	20 DATE OF DEATH N	11 / 26/87	2b. HOUR
e 4 may	3. SE		4 RACE WHITE	5.	DATE OF BIRTH MONTH DAY YEAR OG 11 1915	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
death. Pag		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	1	MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH	Y MD
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requires that the death or in signed by the attendin Then please remove corb ir to burial, cremation, or injury, or other traumatic	NOI		CONDITIONS CON	S A CONSEQUENCE TRIBUTING TO DEA FALURE	E OF IH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110	3
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HYSICIA ading p ais certif burial-t I Mental or Item	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE OF THE OR OF WHILE AT WORK AT WORK	P.M. 21e PLACE OF	MONTH DAY	YEAR 19 211 LOCATION	IRRED (ENTER NATURE OF INJURY		STATE
SPITAL OR ATTENDING P d by the hospital or other NERAL DIRECTOR. After th be detached for use as the e State Dept. of Health and TANT: If them 21 is marked		22a.1 certify that #H (this hosp sow the deceased alive or above, #) (we) (did) #did ar 22b SIGNATURE	11/26/	87 10 82	. and that in (awy) (aur) apinio DEGREE ATTENDING	MEDICAL STAFF	e and hour and from the	
TO HOSPITAL retained by th TO FUNERAL should be der with the State IMPORTANT:			AT, H.D		27e ADDRESS LOCH 3AZTI NE			00 04
BP	23a	BURIAL, CREMATION, REMOVAL SPECERY) UT1a1	23b. DATE 12-1-8		E OF CEMETERY OR CREMATORY Laney Valley	Z3d LOCATION CITY OF TOWN Timonium,	Balto.,	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR		1050 Y		ATE REC'D. BY REGISTRAR		

72146 NOV	7 8	FOR STATE TEGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	2055
nay be page 3 r death	1. DEC	OR PRINT) MARIE	A. D.	JONES	20. DATE OF DEATH MONTH	8-87 135 PM
ge 4 ma ectar. po	3. SE)	Female	Caucasian.	5 DATE OF BIRTH MONTH 11 - 23 - 1886	4 -	IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Po	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) VITGINIA.	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Battimore County	OF DEATH
by the fu	10 (1	palinose.	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 805 N. Broadway	NG HOME OR OTHER INSTITUTION TADDRESS MD 21205	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE NOUSE W)	12b. KIND OF BUSINESS OR INDUSTRY
24 hour filled in ould be must be	USU/ 130. S	AL RESIDENCE HE NURSING HOME OF		E ADMISSION) NN 13d INSIDE CITY LIMITS? NO YES NO	130.STREET ADDRESS / ZIP GODE	y. Balt. 21205
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hour rattending physician on completely filled in os the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be that Americal Hygiene prior to burial, cremation, or removal. The and Mental B shows any injury, or other traumatic event, the medical examiner mast be arked at them 18 shows any injury, or other traumatic event, the medical examiner must be	14. FA	THER'S NAME HENR	MIDDLE DASSON	15. MOTHER'S MAIDEN NA	ME	NNOY
MORE, In one co		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC 104 WAR OR DATES) 214 - 16	urity no. 17 INFORMANT -9470 Paul Jones,	805 N. Broadway	, Bdt. 21205
ST., BALTI rtificate b appropers. emoval. event, the		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), a ED BY: (TE CAUSE (a)	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON S: death cert tatending nove carba ation, or re traumatic e		Conditions, if any, which	DUE TO, OR AS A CONSEQU	JENCE OF SION.		> 20 years
W. PRE hat the d by the a ase rema I, cremat ather tra		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
or signed and signed are to burion injury, or	NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART I a
ne low re low re has been permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
PYSICIAN: The ding physician serrificate borriol-tronsf Mentol Hybrid hybrid serrificate borriol-tronsf mentol Hybrid hyb		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
IVISION OF 10 PHYSICIAI optending pher this certific is the buriol-trivional Mental investor freed or frem.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY JAT HOME, STREET, FACTORY OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN ortol or or TOR: Aft for use os	k	220.1 certify that (I) (thusborn	attended the deceased fram	07	7, to 11/13 death accurred on the date and hour	19 27, that (I) (and last and from the causes stated
At OR AT OR AT DIRECTAL DIRECTED OF DEPT. OF TEM.		22b. SIGNATURE	Wilew the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I		22d. PHYSICIAN'S NAME THE	TURA	Ing. ADDRESS	36, 600 N. Wolfe	St., Balt. 21205
BP Of a M		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	L 23b. DATE 23c	NAME OF CEMETERY OF CREMATORY RIVERVIEW CEM,	23d LOCATION CITY OR TOWN RONCEVERTE	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	- 7527 Harry	250 DA		PAR'S SIGNATURE

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Service Conference

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LIYPE OR PRINTS MAYO JONES 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR MALE 1921 BLACK 08 15 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY N. CAROLINA WIDOWED DIVORCED T II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE 2007 BRADDISH AVENUE RETIRED 130 STREET ADDRESS / ZIP CODEBALT IMORE MD. 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY HAITS? MARYLAND BALTIMORE NO F 2007 BRADDISH AVENUE 21216 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE THOMAS JONES HATTIE 17 INFORMANT MRS. ADDRES MARYLAND 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 557-24-3366 MARY L. JONES 2007 BRADDISH AVE, BALTIMORE 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I, DEATH WAS CAUSED BY Presumed Musicardial Infarction (University ed) DUE TO, OR AS A CONSEQUENCE OF Afteroscierate Cardenacular Dixent Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 End Stree Rur Direce / Chimic Maintenance Hemodicysis 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (It (this haspita) attended the deceased from, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 270 ADDRESS DIVISION OF WAPIBROLOGY ld b JOHN JOSSEZSON UNIVERSITY OF MAMPLAND HOSPITAL, BATHONE 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)

11/12/1987

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

BURTAL

DHMH - 16 60M 7/84

(VRA 15, 4)

24 NUFRALPRETUNERAL HOMES, INC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

GARRISON FOREST VETERAN

LAST

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12b. KIND OF BUSINESS OF

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IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

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Aulia Divider Randall

250 D'ATÉ REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

COUNTY

22¢ DATE SIGNED

11/10/87

STATE

STATE

MD.

2n DATE OF DEATH MONTH

11 1 3 5 1 193A

- STATE

REGISTRAR

1. DECEASED NAME

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		PLEASE DIRECTOR. OUR FILES. 177 HOURS ON STREET,	6	MALE	BLACK	1	1	45	42 YRS	MONTH	S DAYS	HOURS	MIN	PRONOUNCED DEAD		11-1	2 19 87	2:00 p. M
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		TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PARGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BATTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S N	IAME Den	nis F	. Smy	th,	M.D.		ADDRESS	111 1	PEnn	St., Ba	lto.,	Md.	2120	1
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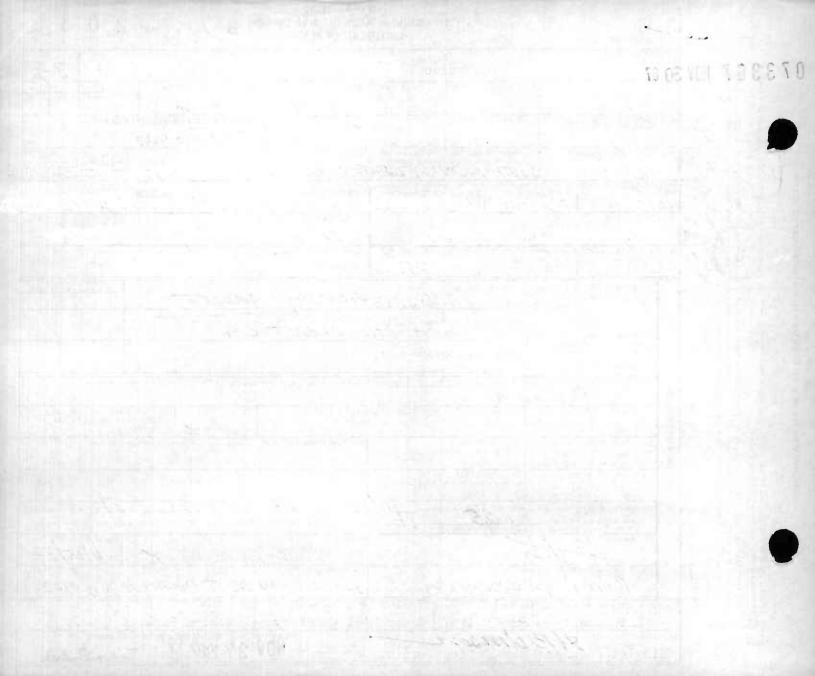
Singleton Funeral Home Glen Burnie, Maryland

DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND



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00	26		RTHPLACE (STATE OR FORE)	IGN 76. CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED X	9. BALTIMORE CITY OR COUN	TY OF DEATH
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23	179	10, C	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOA	NE OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	TO	1	Baltimore	St.	Agnes Hospit	al	N/A	
1 8 6	201	M50	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSI 130. CITY OR TOWN	INC		
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		14pE/	THER'S NAME	Darchiore	Lansdowne	15. MOTHER'S MAIDEN N		Avenue, 21227
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0 0	مسكوة	ACT.	No		N/A	Karen F. Jo	ordan, 2544 Virg	inia Avenue
hysici poper aval.	ŧ		18 CAUSE OF DEATH	nter only one couse per	line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d by	0		underlying cause l	ost. (c)	R AS A CONSEQUENCE O			
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has been prior	Dat Dity	CERTIFICATION	190. DATE OF OPERATION	N 196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO N
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111	1		OR CONTRIBUTING CAUS	SE OF DEATH	M. MONTH DAY YE	AR		
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O P			saw the deceased a	ilive an NOV	8 19 87	, and that in (my) (arr) opinio	n death occurred an the date and h	our and from the causes stated
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241	3.8	23a	BURIAL, CREMATION, REA			OF CEMETERY OR CREMATORY	23d LOCATION	
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		24 F	UNERAL DIRECTOR	1 11/1.	L, or Loudon	125a D	ANTIPO D BY REGISTOR TO RECL	SHARY'S HONATORE
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(VRA 15, 4)		пu	opara runera	I Holle, Inc	c., 4107 Will	cens ave.		

Julia Dividern Randallo

DHMH - 16 50M 1/B1

(VRA 15, 4)

NOV 2-1 1987 July Server 8-1-19

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR Bruzdzinski Funeral Home PA 1407 Old Eastern Ave

23b. DATE

Sacred Heart Cemetery

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Baltimore County Maryland

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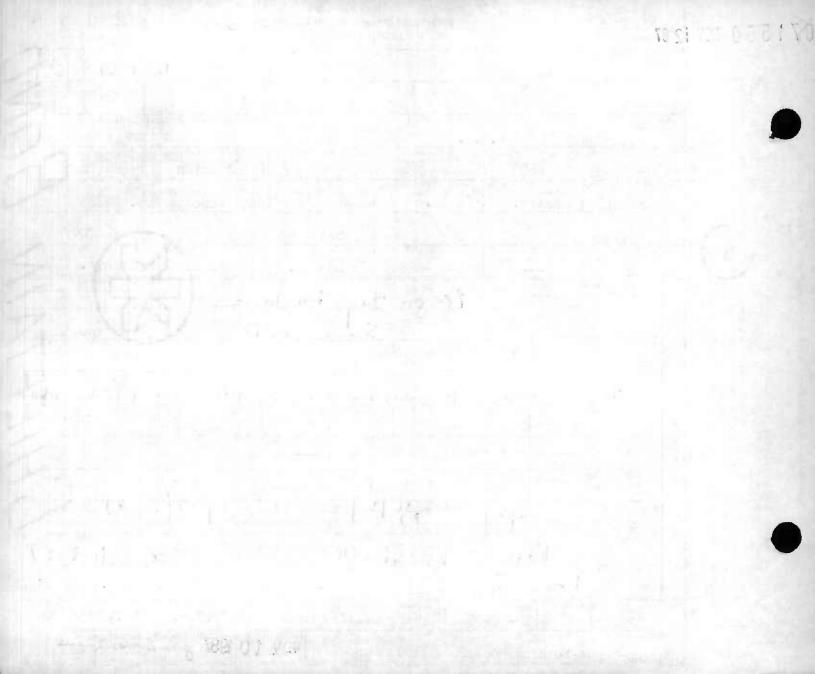
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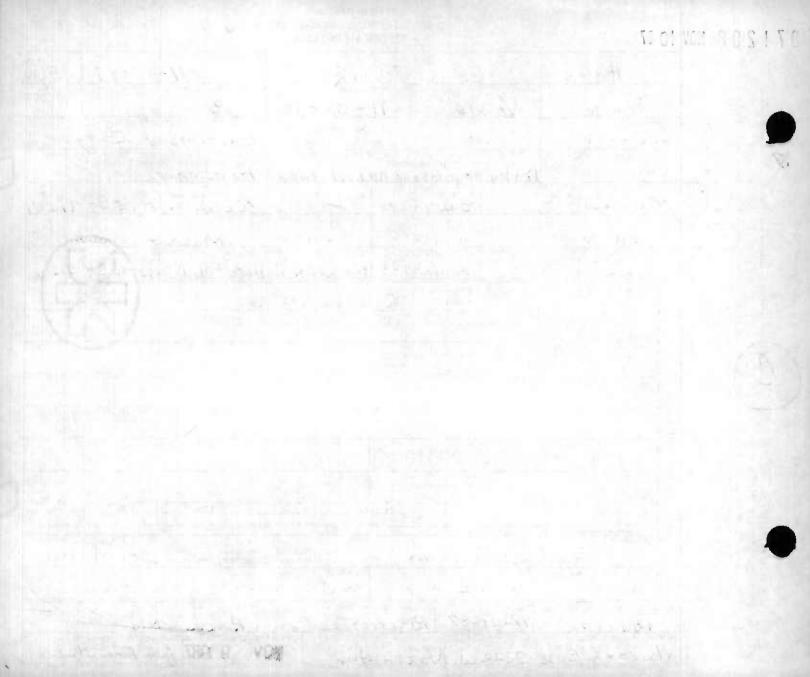
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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± 5		obove, (I) (we 22b, SIGNATURE) (did) (did na	it) view the bady	after death.	,	DEGREE			22c DATE	SICNED
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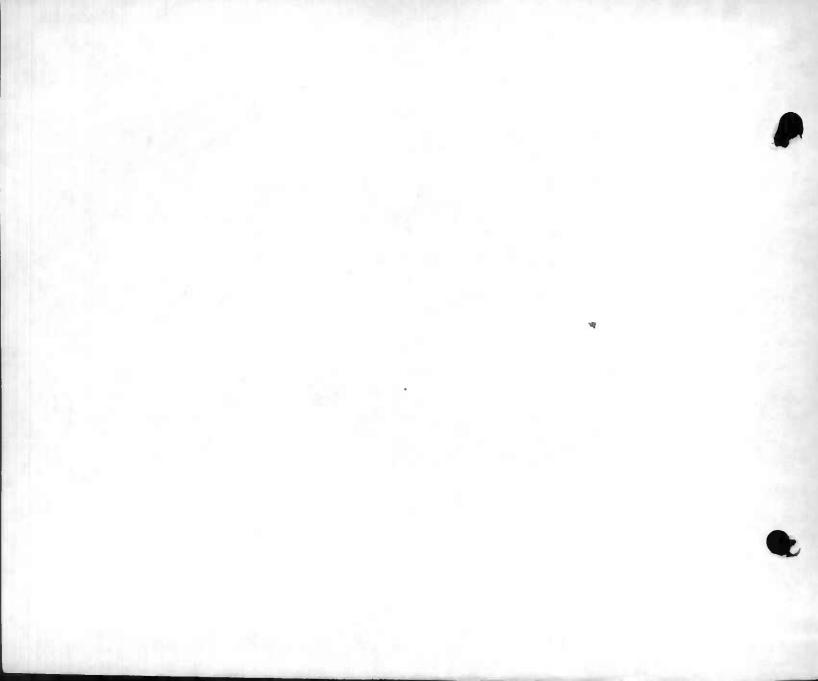
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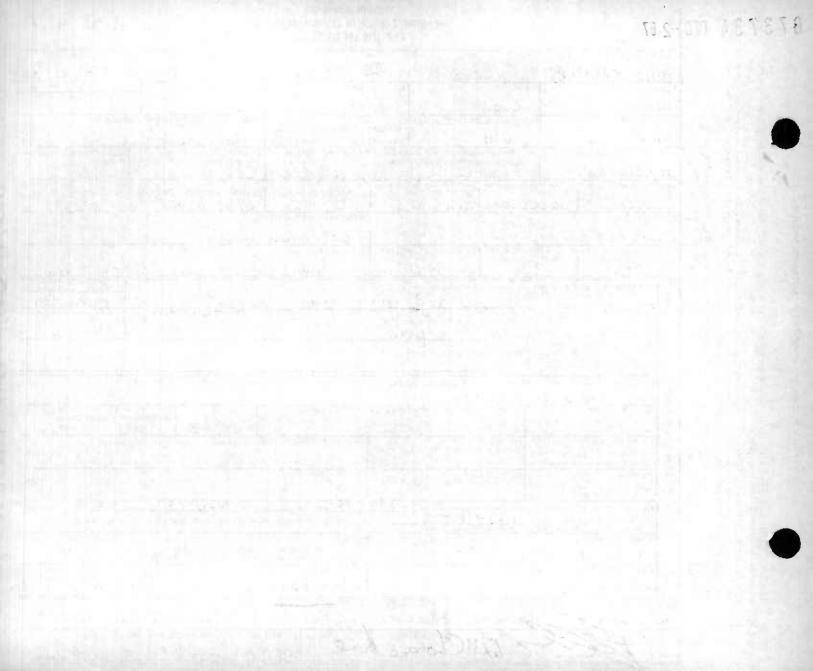
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				STATE OF MARYLAND		
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od bod	70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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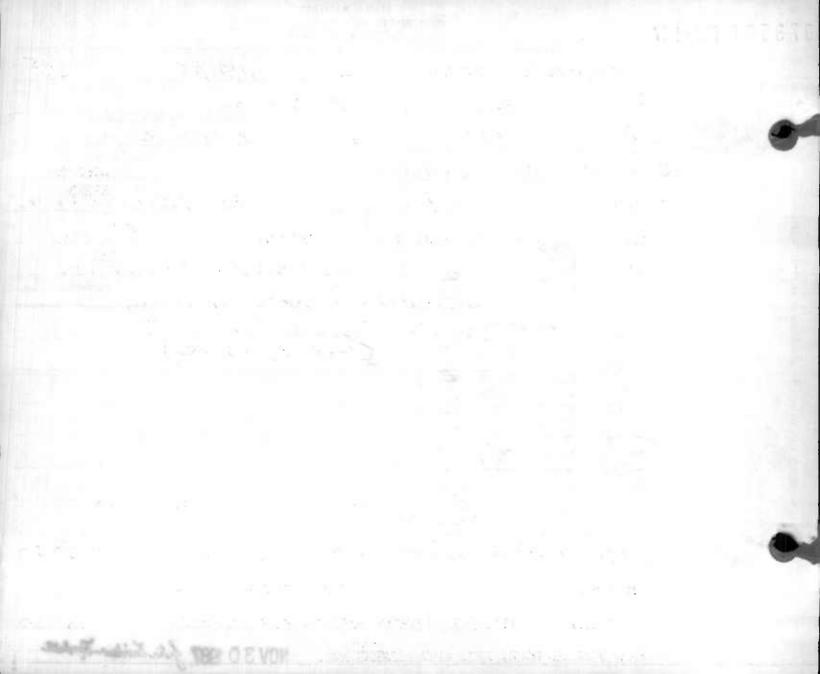


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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 2b HOUR ETHER OF PRINTS Carrie Keene 11/1/87 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 1.5EX IF UNDER I YEAR black 3/18/06 female 10. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR puselli, Ee # 2/231 136 COUNTY 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 232 Douglas Ct. Balto NO [A FATHER'S NAME MIDDLE In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line lar (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) artorion brote cardionosale diange Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h JE YES, WERE FINDINGS LISED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOU YES [NO [710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE STREET NOT WHILE now 220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on above. (1) we) (did) (did no) view the bady after death Ki-SKICH

224 PHYSICIAN'S NAME THE OF FEBT

BURIAL/CREMATION, REMOVAL

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in my (aur) apinion death accurred an the date and hour and from the causes stated

22c DATE SIGNED

Chi-Shiang Chen, M.D.

77e ADDRESS 100 N. Broadway

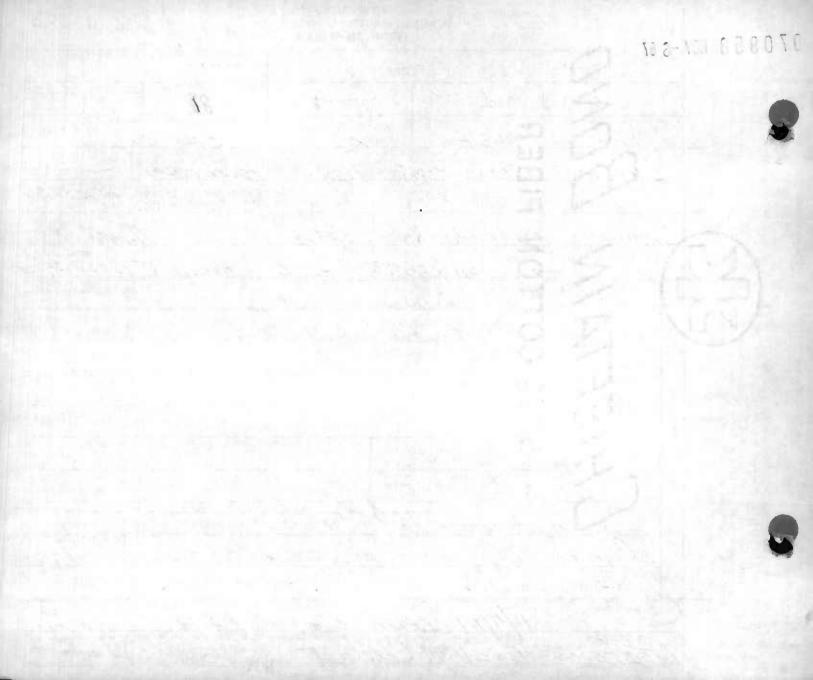
Balto., MD

DHMH - 16 60M 7/84 (VRA 15, 4)

231. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR

236. DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Devideon Randals



7069	NOY -4	87	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HY	YGIENE 8 /	o. 2	Ü	5 4
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	H - 16 50M 1/81 VRA 15, 4)		onnelly Funeral	Home 3	00 Mace	SAve. 2		ATE REC'D. BY REGISTRAN	256 REGISTRAR	SSIGNATI	Pandala

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: PAGE 3S AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR		270. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N	A trom: //No	orge of the	J.f	Accident	, sı		Homici TITLE (SP ASS1S	PECIFY) Stant	Undetern	Inquiry I	ner .	SIGNE	_D 11-1		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL

CERTIFICATE OF DEATH

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	REG. NO		DAY	YEAR		
	ZE DATE OF DEATH	MONIH	DAT	EAR	2b HOU	R
	November 4	1, 198	7		11:5	5pm
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	9 BALTIMORE CITY O	R COUNTY	OF DEA	TH		
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				DATES		
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N	DIRECTOR PHYSIC	IAN		(1)	11 43 "	/ .

(TYPE OR PERUT) Mary Kelley 5. DATE OF BIRTH 1 SEX MARRIED NEVER MARRIED VIRGINIA Laure WIDOWED DIVORCED O CITY OR TOWN OF DEATH POPULATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS)

Maryland General Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMIT 15 MOTHER'S MAIDEN NUSE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (AER MOO ANKHOMN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Sepsis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE Renal Failure - Hyperkalemia - Congestive Hea 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 21c. HOW INJURY OC 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE WORK 22a. I certify that (K(this haspital) attended the deceased Iram September 4, saw the deceased alive on November 4, abave, (fr(we) (did) (and not) view the bady after death 19 87 , and that in XX (aur) api 22% SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS John G. Azar, c/o Maryland General Hospital 23d LOCATION BURIAL, CREMATION, REMOVAL 236. DATE cranca

DHMH - 16 60M 7/84 (VRA 15, 4)

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LEUNERAL DIRECTOR

I. DECEASED NAME

STATE COUNTY

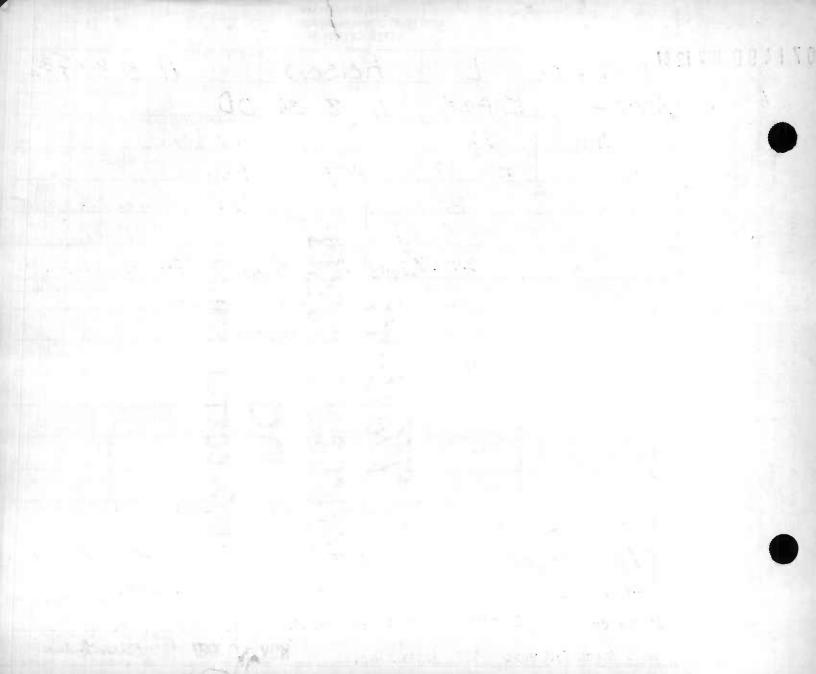
25 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Unit ...

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

	STATE OF MARYLAND	
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	3 2 0 5 9
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by the fred with	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF MODIN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WO DISOLDED 14. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 15. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 16. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 17. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WO DISOLDED 18. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WOR	126 KIND OF BUSINESS OR INDUSTRY
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signed by the attend hen place remove ca he place remove ca hor place remotion, jury, or other travens	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) GASTRO INTESTINAL BLEED DUE TO, OR AS A CONSEQUENCE OF UNDERTOR OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DE	ON GIVEN IN PART 110
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PHYSICIAN: The ending physicians this certificate the buriol-transit of Mental Hygin d or Item 18 sh		ITEM TO PART I ORPART 2)
G Ph otten ord s the	Contributing Cause of Death	COUNTY STATE
R ATTENDIN hospitol or in the spitol or in the spitol or in the spit of Health spit of Health lem 21 is most	22a.1 certify that (I) (this hospital) attended the deceased from	
the harmonia to the base of the DIRIC to the Be Dep	726. SIGNATURE DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	220 DATE SIGNED 11/5-/8-7
O HOSF		PITAL
BP	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN CATONS VILLE 11/9/87 Westview Mem. Pk. Catons VILLE	
DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR Wm C March F/H West 4300 Wahash Ave. 250 DATE REC'D. BY REGISTRAR 250 NOV 10 1987	



					OF MARYLAND		(3)	0 / 0
72844 NOV 24	า ค7	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	J 2	000
may be page 3	TYPE	CEASED NAME DORIS		KE	unedy		MONTH DAY 11-21-8 THDAY) IF UNDER	YEAR 2b. HOUR 1 24 M RIYEAR IF UNDER 24 MRS
4 pt	3. SE	FEMALE	4.RACE White	S. DATE C		6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
death. Page uneral direct wh 72 hours	7a. B1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U. S. A.	MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA Baltimore	
by the vorth	1	BALGO.	11. NAME OF HOSPITAL, N SUCH FACILITY, GRA	URSING HOME C STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
aND 212 n 24 hou filled in sould be	13a. S	TATE Md. 13b. COL	NOTHER HISTOURION DIVE RESIDENCE INTY III. CITY OF	ETOWN	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	URley S	STREET 21205
marytal	IA FA	HER'S NAME	D. RAM	Kins	15. MOTHER'S MAIDEN NAM	WIDDLE		rkey
TIMORE, be execut on and c		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES, G NO	RMED FORCES? 166. SOCIA: 212.	30-7135	James N. Ke	ennedy 8/5	N. CUKI	18y 5t,
ST., BALL		IN CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for (a), ED BY: ATE CAUSE (a)	(b), and (c).) In	anitrow		06	APPROXIMATE INTERVAL PLANTED ONSET AND DEATH
PRESTON of the death centending emaye carbo motion, or retraumatic, or retraum		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	fases			2415.
W. of the series		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF Carcin	oma of	Lun.		2415
y, our	NO.	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	'ART Ita
n. ne prio	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The anding physicia physicia physicia physicia physicia physicia physician properties of the physicial physician physicia	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER, NOTHY MEDICAL EXAMIN	EATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	LY IN ITEM 18 PART 1 ORF	PART 2)
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TTENDIN pital or TOR: Af for use a of Health		220.1 certify that (IV (this has saw the deceased alive a abave, IV (we) (did) (did	pital) attended the deceased in //-2/ (at) view the body after death.	03	nd that in (my/) (our) opinion o	death accurred on the de		nom the causes stated
At OR A the has the has a Lough of the Directed of the Dept.		22b. SIGNATURE	to kow	cui d	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		(DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be dero with the State IMPORTANT: IF		Robart	C LVWI	bus)	270 ADDRESS 8 8 10 . 6	utace St.	Baltoc	16/21228.
BP		BURIAL, CREMATION, REMOVA SPECIFY) Cremation			ew Memorial	23d LOCATION CITY OF TOWN Baltim	ore N	Maryland STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR Leonard J. Rucl	r, Inc. Baltim	ore, Mar		REC'D. BY REGISTRAR		SIGNATURE OLDER

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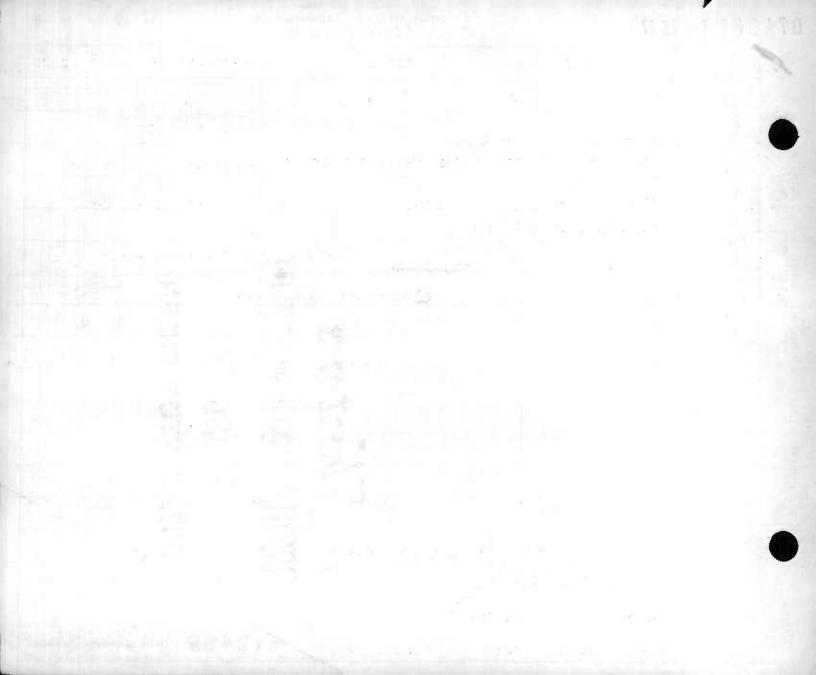
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1582 NOV	21	70R STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. PIRST MADDLE LAST 220 DATE OF DEATH MONTH DAY YEAR							
nay be poge 3		CEASED NAME FIRST		DLE	KE.	WNORD	20. DATE OF DEATH MONTH	7 87	26 HOUR	
rector . po		ale:	4 RACE Black		5. DATE O	BIRTH YEAR 6	6. AGE (IN YEARS LAST BIRTHDAY) YR	MONTHS DAYS	HOURS MIN	
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by the filled with	В	altimore	North Ch	North Charles General			12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN FAITHER .	Agric		
filled in ould be	13 ₀			LE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES MO []	13. STREET ADDRESS / ZIP CO	on Avenu	2 1207 1e,	
100		ather's name nknown	WIDDIE	LAST		Unknown MIDDLE			NST	
and o	160 N	WAS DECEASED EVER IN U.S. A		215-14-5		17. INFORMANT Ethel M. Gor	don, 5508 Stoni	ngton Av	venue	
law requires that is the signed by the prior to buriol, or sony injury, at o	CERTIFICATION	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	S PO	EURI	EATH BUT I	NOT RELATED TO THE TERM OFFUSION WAS PERFORMED	INAL DISEASE OR CONDITION 200 AUTOPSY? 200 LIFE IN CEI	GIVEN IN PART 11 E MA YES, WERE FINDER RTIFYING CAUSES	INGS USED	
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AL OR ATTEND y the hospital an xAL DIRECTOR: A detoched for use of Dept. af Heal If Item 2 I is m		22a.1 certify that (1) (this has sow the deceased alive a obove. (In (we) (did) (did in 22b. SIGNATURE	achi view the body of			EGREE ATTENDING PHYSICIAN	death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN		that (I) (we) lose couses stated	
o HOSPITAL etoined by t TO FUNERAL should be det with the Store		AMSACH	EN	Work	2779	7	111.000	SPITA	C 15/	
BP	C	BURIAL, CREMATION, REMOVA (SPECIFY) remation	23b. DATE 11/10/			METERY OR CREMATORY Memorial Pk		Baltimo	ore Co,	
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR HE JAMES N. KO	TSIS F.H.,	6LiTT's W	indso	r Mill Rd	RECT. BY REGIS 1987 B. REC	ISTRAR A SIGNA	HIREKONDO	

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1 1 5	1.5		4 RACE	5.		6 AGE (IN Y	EARS LAST BIRTHDAY) 63 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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	-	CITY OR TOWN OF DEA BALTIMORE			OME OR OTHER INSTITUTE TNS HOSPIT		OCCUPATION REPORMOST OF WORKING LI IEER		EBUSINESS OR
TO THE TO THE TOTAL THE TO	J 13a.	MD.	OME OR OTHER INSTITUTION COUNTY	13E. CITY OR TOWN	13d INSIDE CITY LIN YES NO 1	X 2404	ADDRESS / ZIP CODI HUNT DR.		9
	1		ERNER KERN		ROSE	FELDMANN		LAST	
A Parent	160	WAS DECEASED EVER (YES, NO OR UNKNOWN) YES	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	086-18-9233 070-24-9		KERNAM	- wife -		427
Physical poper movel.		PART I. DEATH W	HEnter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (0)	- M	1	rest		APPROXIM BETWEEN O	MATE INTERVAL
W. PRESTON The opportunity of th		Conditions, if ony, gave rise to imm couse (a), statin underlying couse	which (b)_	DR AS A CONSEQUENCE	andiogeni		ock	30	7/2 1
NS, 201 V equires that algored by Then pleasure to burrot, or of	NO		(c)_	ONTRIBUTING TO DEA	Madrice P	HE TERMINAL DISEAS		VEN IN PART TO	(12 0
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requirements of the rise sentitions has been sign in an and Mental Hygining privile. The rin and Mental Hygining privile as the decident 18 stores day injury arked occloses.	CERTIFICATION	19a DATE OF OPERAT	ION 196 CONE	DITION FOR WHICH OPE	ration was performed	70s AUTO	CERTI	S, WERE FINDING FYING CAUSES (ES []	
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At OF A the horse At DisEstantiched out Dispit		226. SIGNATUR	-criA	nnoon	DEGREE ATTEN	DING MEDICAL	STAFF PHYSICIAN	221. DATE S	O/87
O HOSPIT torned by O FUNER hould be o	/	22d PHYSICIAN PNA		1500	22e ADDNESS	uns t	toplans	Hos	pital
BP	23a	BURIAL, CREMATION, (SPECIFY)	REMOVAL 236. DATE 11-2		E OF CEMETERY OR CREMA	CITA	ORTOWN	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		FUNERAL DIRECTOR State Ana	tomy Board	ADDRESS Balt	o., Md.	15 NOV 2 4	1987 Julia	TRAR'S SIGNATU	



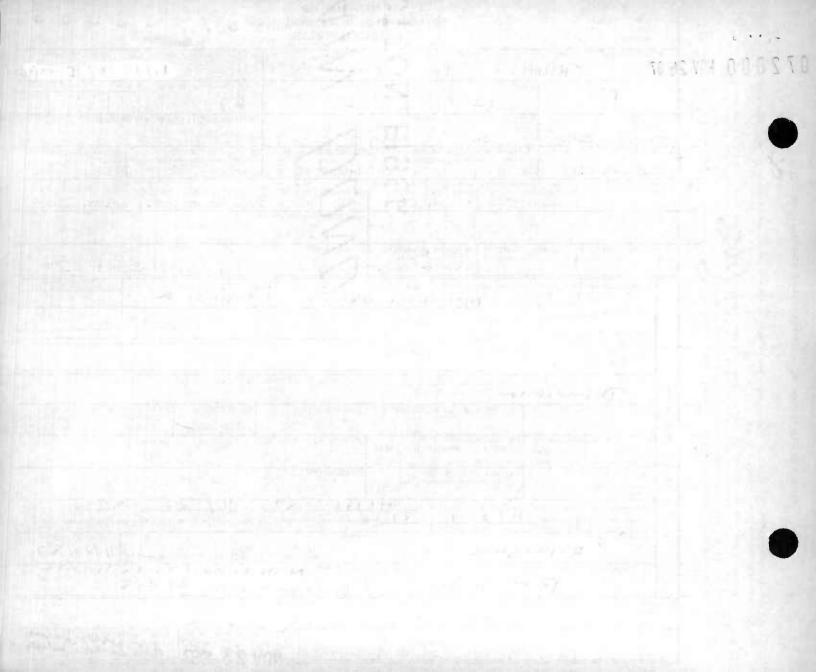
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE A SISTRAR 20. DATE KNOWN TYPE OR PRINTI Alan M. DEATH MATED 87 Kevme: 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 09 AR PRONOUNCED White Male DEAD 819 87 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED England England Baltimore City CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Balto. Co. Retired University Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS IVywood La. Maryland Balto. Towson 13d. INSIDE CITY LIMITS? 21204 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wilkins Hester Robert Keymer 166. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS NO OR UNKNOWN 212-72-8365 Mrs. Winifred M. Keymer Same as 13e CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR XXXXMONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING OR HOUR XXX CONTRIBUTING CAUSE OF DEATH 5:10 P.M. 8 19 87 Pedestrian struck by auto EXECUTE THE CERTIFICATE, WRITING I PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR, PAGE 3 SHO AFTER DEATH, WITH HES ATE DEP BATTIMORE, MARY AND 17201 PRICH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK street Goucher Blvd & Acorn Circle, Towson, Autopsy X 22ª I certify that above, held on Inspection death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant 11/9/87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. Penn St. Balto.MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 1/10/87 23c. NAME OF CEMETERY OR CREMATORY
Westview Cemetery Ballto. Balto. Mª. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** Ruck Towson Funeral Home, Inc. 1050 York Rd. (VR A15 ME (5))

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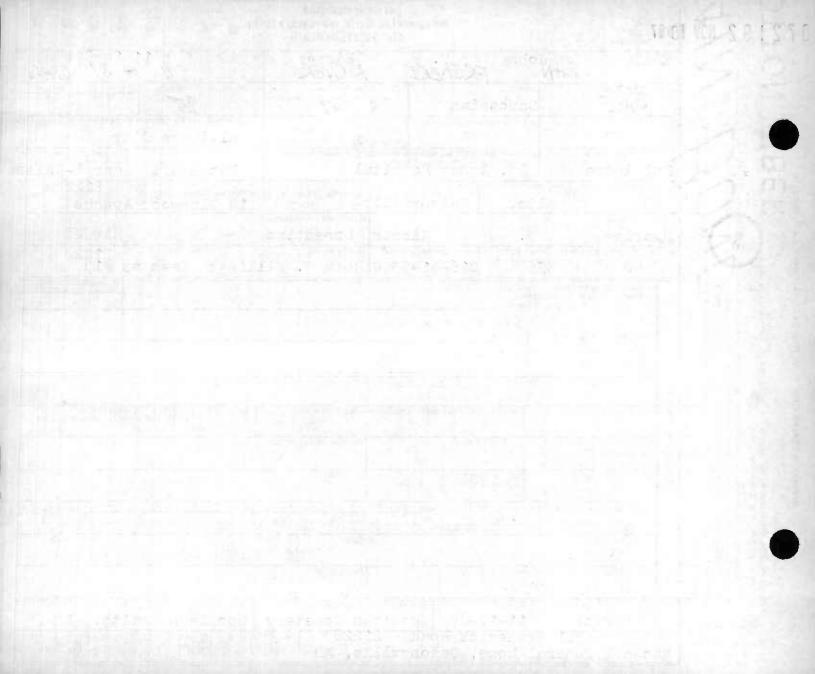
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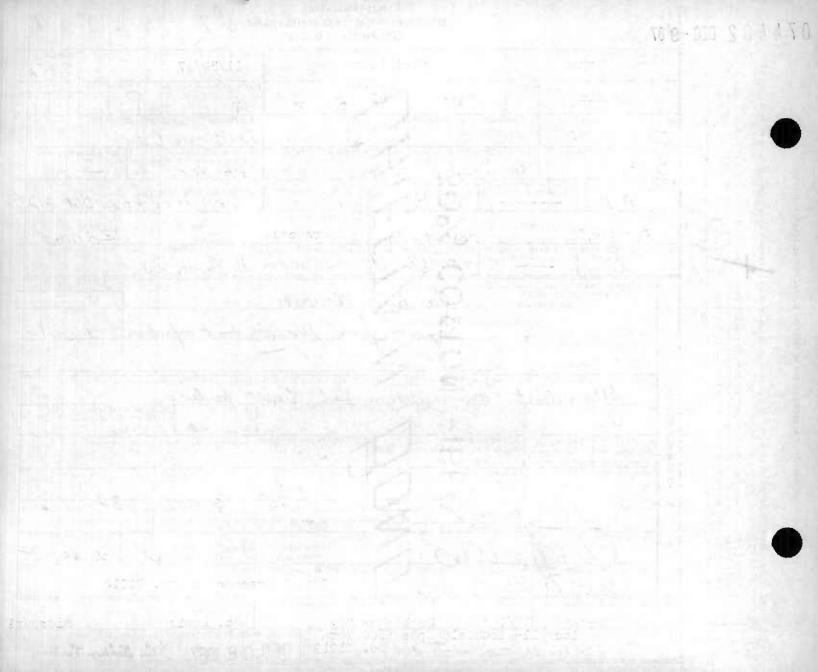
net Torison Ameril or s, Ee. 150 or B.

- STATE REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH ESTI-Kilcrease DEATH MATED Lyle 19 87 4 RACE 6 AGE (IN YEARS B. SEX DATE OF BIRTH DATE PRONOUNCED Female White July 7, DEAD TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia United States DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH Housewife Homemaker Baltimore 2918 Glenmore Avenue Millersville, Pa. 13°311 E. Charlotte Street 17551 13d INSIDE CITY LIMITS? Pennsylvania 4. EATHER'S NAME 15. MOTHER'S MAIDEN NAME John Wesley Anne Norwood Moffatt. Williams ADDRESSMillersville, Pa. 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 577-46-2286 Janet K. Wentley 311 E. Charlotte Street 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE age of the remouns described above, held an Hamicide Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-3=87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Baltimore, MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore Cremation Nov. 4,1987 Green Mount Crematory Maryland 24. FUNERAL DIRECTOR 50. DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE **DHMH - 17** Julia Davidson-Randales Walter Brooks Bradley, Thc. Dundalk, Md. 21222 (VR A15 ME (5))



1.0.2 NOV.1	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2006
1 9 7 MAA 1	716	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
noy be page 3 er death		CEASED NAME FIRST	John MIDDLE F. LAST Kirner 20. DATE OF DEATH MONTH 1:	14 87 0145A
ge 4 moy rectar. pa	3. SE	MALE	Caucasian S. DATE OF EARTH AND 14 PARS 127 YEAR 92 6. AGE (IN YEARS LAST BRITHDAY) PARS 127 YEAR 92 6. AGE (IN YEARS LAST BRITHDAY) YEAR 92 7 YEAR 92 6. AGE (IN YEARS LAST BRITHDAY) YEAR 92 7 YEAR 92 6. AGE (IN YEARS LAST BRITHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN COUNTRY) MD	USA Never married Sealtimore Cuntry: Sealtim	ity MC
100	B	altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Agnes Hospital Machinist	Merri-Kais
and the contract of the contra		MD Ba.	rother institution, give residence before admission) INTY	21228 Avenue
1)	C	ther's name harles	F. IS. MOTHER'S MAIDEN NAME Ernestine	Kirŝki
1/2		VAS DECEASED EVER IN U.S. A YES, NOOBUNKNOWN) (IF YES C	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 216-01-3594 Ruth G. Fillings Same	21228 #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E HE		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M. 19	PART 1 OR PART 2)
After this certifies the burial- th and Mental arked or them	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET CITY OR TOWN	COUNTY STATE
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₹ 0 % 0 ±		M. NWI	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	224. DATE SIGNED
P P P P P P P P P P P P P P P P P P P		MOKHTAR N	PASIL STORES HUP SOO PATON AVE BATIMORI, MD	, 21719
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11-17-87 Woodlawn Cemetery Woodlawn B	alto. MD State
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	uneral director 301 acNabb Funer	Frederick Road 21228 250. DATE RECTO. BY REGISTRAN 250. REGIS NOV 17 1987 250. DATE RECTO. BY REGISTRAN 250. REGISTAN 250. R	TRAR'S SIGNATURE





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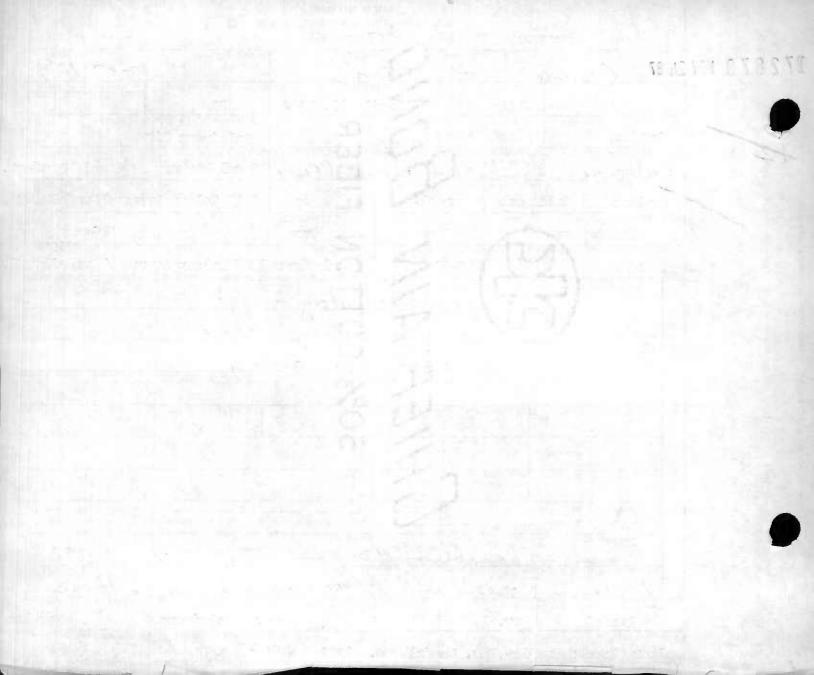
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7 N	Male RIHPLACE STATE OR FOREIGN			I DATE O	S DATE OF BIRTH				V /	PM
) N	REPLACE STATE OF FOREIGN	White	White		DAY	YEAR	6. AGE (IN YEARS LAST BIR	IHDAY) III	ONTHS DAYS	HOURS MIN.
) N	P. Charles and March	76. CITIZEN OF	WHAT COUNTRY?	Apri	X	1904	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
10. C1	Maryland		States	WIDOWE		ARRIED -	Baltimore City			MD
P	TY OR TOWN OF DEATH	France		ADDRESS)	edical	Center.	126 USUAL OCCUPATION STEEL WORLD	ON F WORKING LIFE) CET	126. KIND OI INDUSTRY - Stee	F BUSINESS OR L Manufa
Ma	aryland B	ME OR OTHER INSTITUTION OUNTY	131. CITY OR TOW Dundal	IN I		NOX	13 SIREET ADDRESS	ZIP CODE On Aver	nue/Du	21222 undalk,
	Christophe		Klem		Í	Mary	MIDDLE		Ho13	ston
Ida. V									ie / Di	21222 undalk,
NO	gove rise to immediat couse (a), stating th underlying couse los	h (b) e DUE TO, C	COTON ORAS A GONSEOUE METAST	ary ENCFOF	Liver NOT RELATED	de s	PASE NAL DISEASE OR CONI	DITION GIVE	V IN PART I C	
TIFICATI	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	N WAS PERFOR	MED	YES NOX	IN CERTIFY	NG CAUSES	
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MEDI	21d INJURY OCCURRED HILE NOT WHILE AT WORK			ARM ETC)	21f LOCATIO STREET	N	City OR TO	wN	COUNTY	STATE
	saw the deceased aliv	e on	19			, 19 (our) apinion d	, to leath accurred on the do	ote and hour		
	Waren 22d PHYSICIAN'S NAME (O. Ros	erblin	_ //	P	HYSICIAN [11/1	7/87
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO CEASED NAME 2a. DATE OF DEATH MONTH 198 ofter deat NOVEMBER Hnna 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 94 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR JOUSE WIFE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? HENRYST YES X IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE ADDRESS 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 216-03-7819 Margaret Boughan 16 Second Ave Balto Md APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION QUEEN IN PART 11:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19s. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene NO YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY 5 COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from saw the deceased glive on above, (I) (we) (did add not) view the (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING. MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore STATE (SPECIFY) 11/18/87 Burial Holy Cross Cemetery Md 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 George J. Gonce 4001 Ritchie Hewy Balto Md (VRA 15, 4)

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STATE OF MARYLAND 0 7 3 5 5 7 DEC - 187 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔑 CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2ª DATE OF DEATH 26 HOUR (TYPE OR PRINT) WILLIAM KNOTT 11-25-87 10:50 L. 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH May 25, 1918 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRYL BALTIMORE CITY USA Maryland WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Maint. - Patapscb Railroad THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN Baltimore 17 Maryland Ave. Baltimore 21222 Marvlnad NO X * FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Finnwalt A. Knott Annie M. George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-03-6253 255 Trappe Road 21222 Anna C. Bauer No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 45 min Cardiopulmonary arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Myogardial failure Canditions, if ony, which gove rise to immediate couse (0), stating the DUE TO OR AS A CONSEQUENCE OF MIL CO. underlying couse lost. Veaus Coronary artery disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Ventricular tachycardia, acute renal failure 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 11/12/27 Coronary artery disease NO Z YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a. | certify that (1) (This haspital) attended the deceased from. 25 saw the deceased alive on 11 /25 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (t) (we) (did) (did not) view the bady after deat 22b. SIGNATURE DEGREE 22c. DATE SIGNED Takandalo ATTENDING MEDICAL MA PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) dept. of Surgery, Johns Hophins Hosp 10 Alan Yahanda 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF LOWN STATE Baltimore Maryland Burial 11-30-87 Oak Lawn Duda-Ruck Funeral, Home of Dundalk 125 DATE RECD. BY REGISTRA M. REJISTRA'S SIC AT 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) 7922 Wise Ave. Dundalk. MD

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MITCHELL-WIEDEFELD HOME. INC.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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s offer d	3. SI	FEMALE	4 RACE CAUCASIAN			6 AGE (IN YEARS LAST BIR	RIHDAY) IF UNDER 1 YEAR	R IF UNDER 24 HR
133	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT C	MARR	NEVER MARRIED A	Baltimore CITY O	OR COUNTY OF DEATH	
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filled in avid be rmarbe	13a.	STATE 136. COL	DR OTHER INSTITUTION GIVE RESI	DENCE BEFORE ADMISSION LY OR TOWN LIMOTE	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 2310 Cambi	ridge St. 21	1224
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n. has been signed by permit. Then please ne prior to burial, cr ws ony injury, or oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION			T NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
ing physicion certificate to viol-transit Aentof Hygie	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 216 INJURY OCCURRED		ONTH DAY YEAR 19	21r HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES RY IN ITEM 18 PART I OR PART 2}	NO []
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RAL DIRECTOR detached for rate Dept of H		22b. SIGNATURE	lan	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ ///	12/87
TO FUNERAL should be deti		Mohammed Khan			2711 Easter	n Ave. Balto	o. Md. 21224	1
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307 Homberg Ave. 21221 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion deoth occurred on the date and have and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 11/17/87 HollyHillCemetery Burial MiddleRiver Baltimore Maryl 250 DATE REC'D BY REGISTRAP 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Olia Divideon Randal Connelly Funeral Home 300Mace Ave. 21221

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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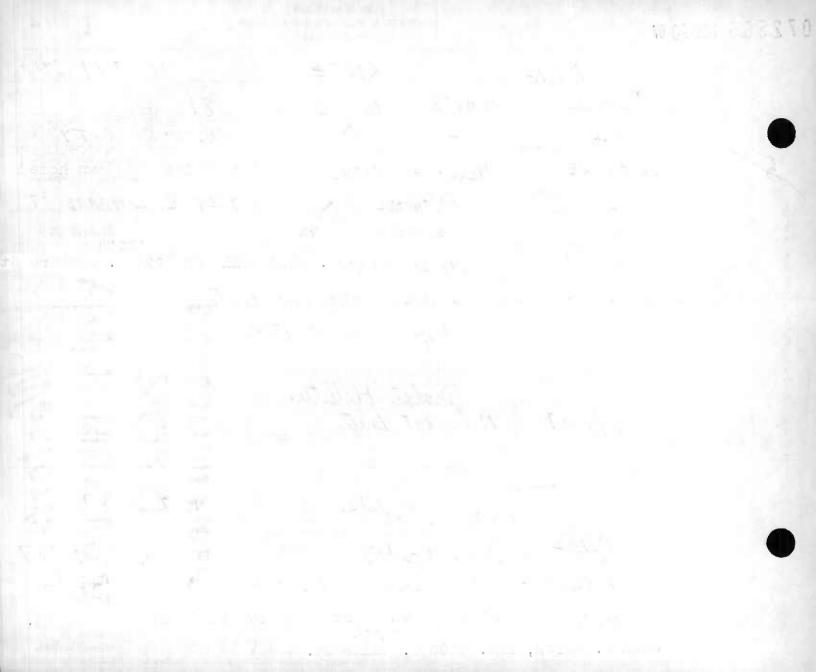
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE FEGISTRAR 20. DATE KNOWN EASED NAME (TYPE OR PRINT) ESTI-M KOUGL DEATH MATED 10 87 Timothy 11-3-4. RACE & AGE (IN YEARS IF UNDER 24 HRS. 5 DATE OF BIRTH DATE 7:30 12 PRONOUNCED W DEAD 19 87 BISTIPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ryland U.S.A. Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Technician Baltimore 701 North point Road CITY AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY Balto. 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS NO W 3003 TEXAS AVE. 21234 BALTO-FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Anthony Beaudet Kougl Sr. Joan 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 220-80-7577 Yes 11/23/76-2/8/77 Anthony J. Kougl 5658 Arnhem Rd. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun wound to neck and head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD_ONLY YES X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING DOR Self inflicted 7:30AM CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY EARM, ETC.)
Duilding 701 North point Road, (Pumping Station,) WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTWORE, MARYLAND, 7 Baltimore, Maryland Autopsy X 220. I certify that I took charge of the remains described above, held on Suicide X Hamicide _ Undetermined monner Naturol causes Accident TITLE (SPECIFY) DATE 11 - 3 - 87EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 23d. LOCATION Balto. Md. Burial Gardens of Faith 02784 24 FUNERAL DIRECTOR NOV 5 1987 Julia Danisan Registrar's Signature **DHMH - 17** \$527 Harford Rd. 21234 (VR A15 ME (5))

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erol dir. 72 hou	7a. B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OF		У мр.
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MARYL/ ed withir ed withir ed withir exceptions		ATHER'S NAME Adam	MIDDLE K	ar‰owski	15. MOTHER'S MAIDEN N EVEST	AME	Unkrib	wn
MORE,	16a. \	WAS DECEASED EVER IN U.S. AF YES, OF UNKNOWN] IF YES, GT	RMED FORCES? 166.	SOCIAL SECURITY NO. 16-28-1892	Mrs. Elma	Sullivan 1	ss 21205 120 Newcom	b Way
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1970 OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1970 OF VITAL BOARD OF VITAL OF VIT		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI IMMEDIA	nly one couse per line. ED BY: TE CAUSE (p)	for (0), (b), and (c).)	nalianant	axites	APPROXIM BETWEEN OF	ATE INTERVAL USET AND DEATH
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ALRECOR he law re on. has been t permit. lene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
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TO HOSP retained I	230	BURIAL CREMATION, REMOVAL	23b. DATE	23c. NAME OF	EMETERY OR CREMATORY	HOSP 301		STATE
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DHMH - 16 50M 1/B1 (VRA 15, 4)		ohm A. Moran	. Inc. 30	2122 100°E Bal		TE REC'D. BY REGISTRAR 1987	256. REGISTRAR'S SIGNATU	RE



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	de d	/	MALE	WHITE	Feb		75	YRS.
	a 1064	70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
death. Page hin 77 Muser			Maryland	USA	WIDOWE		Baltimor	e City MD.
		10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		R OTHER INSTITUTION	12a USUAL OCCUPATE	
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RYL	within letely f d 2 sho	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
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ORE,	3		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOC	IAL SECURITY NO.	17. INFORMANT	ADDRE	SS
IWO			No		-01-9461	Earl E. Bens	singer, 4434	Scotia Road
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8	the character tremo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF			
*	by the		underlying couse last.	(c)				
05, 20	equires the signed Then plector to burial injury, ar	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIVEN IN PART I to
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	on orio	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOI	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
IA	JAN: The liphysicion. Writate hos litronsit per oil Hygiene oil Hygiene	E	210. ACCIDENT WAS UNDERLYING	1216. TIME OF INJURY		21c HOW INJURY OCCUP		YES NO
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z	HYSICIA nding ph nis certifi buriol-1 I Mentol or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	P.M. 21e. PLACE OF INJUR	19	211 LOCATION		
/ISIG		ME	WHILE NOT WHILE	(AT HOME STREET, FACTOR		STREET	CITY OR TO	WN COUNTY STATE
á	ENDING PHY of or offendings. After this ruse as the but weelth on discounting the property of		AT WORK AT WORK	- 1-11 - 11 - 1-1 - 1-1	Way	1987	, Neul	10 9 7 that (I) (wa) last
	TTENE pital of TOR: of Hec 21 is r		220 I certify tha (1) this has sow the deceased alive of	on Sept. 10				ite and hour and from the causes stated
	ATTI ospit ECTC ed for ot. of		above, (1) (we) (did) (did 22b. SIGNATURE	nat) view the bady after deo	th.	DEGREE		22¢ DATE SIGNED
	HOSPITAL OR ATTENIned by the hospital FUNERAL DIRECTOR. Juld be detoched for us the Stote Dept. of Hem ORTANT: If them 21 is.		THE STATE OF THE S	Meure	- mv	ATTENDING	MEDICAL STAF	E
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	O HOSPITAL TO FUNERAL should be del with the Stote MPORTANT:		Lillimoe			Johns Hopl	kins Hosp.	Harvey Bldq. 802
	TO HO To House with the Mark to Mark t	23o. f	BURIAL, CREMATION, REMOVA	AL 236. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	BP		Burial	11/14/87		Park Cemetery	Baltimore	Maryland
	DHMH - 16 50M 1/81	24. FI	JNERAL DIRECTOR	22, 22, 07				25b REGISTRAR'S SIGNATURE
	(VRA 15, 4)	Hu	bbard Funeral	Home, Inc. 41	107 Wilker		V 1 2 1007	Julia Bender Randall
						1110	E & 100 1071	<i>{</i>

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😞 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 26 HOUR ECEASED NAME KRUK IRVIN RAYMOND/ TYPE OR PRINT) mond 28 RUIN KRUK 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR 5 DATE OF BIRTH 1: SEX MONTH YEAR .2 MALE WHITE BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE THE CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) LULINOIS WIDOWED DIVORCED X ALTIMOZE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DALTIMORE RAUGN V.A. AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE DUNDA NO X 6731 AUE BALT NO ZIZZZ 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE 4 DAm Unknown FRANCES KRUK Lillian Burke 6731 Oak Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) W IT 318 -10-8023 Dundalk, Maryland 21222 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), I PART I, DEATH WAS CAUSED BY: ARREST ARDIDPULMONARY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY Canditians, if any, which INSUFFICIENCE gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. CARCINOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 27 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 11/7 % abave (li) (we) (did) (did nat) view the body after death and that in (my) (aur) apinian death accurred an the date and haur and I iam the causes stated DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PMYSICIAN'S NAME LTYPE OR PRINT 22e ADDRESS BLUDS JONATHAN RENS 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 2,1987 St. Josephs Cemetery River Grove 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Walter Brooks Bradley Inc. Dundalk, Md. 21222 Deviden (VRA 15, 4)

TO THE PARTY OF TH

VOID DEATH CERTIFICATE #87-32086





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / 5 2 0 8

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HINON	DAY	YEAR	2b. HOUR	Ī
5,	1987			/
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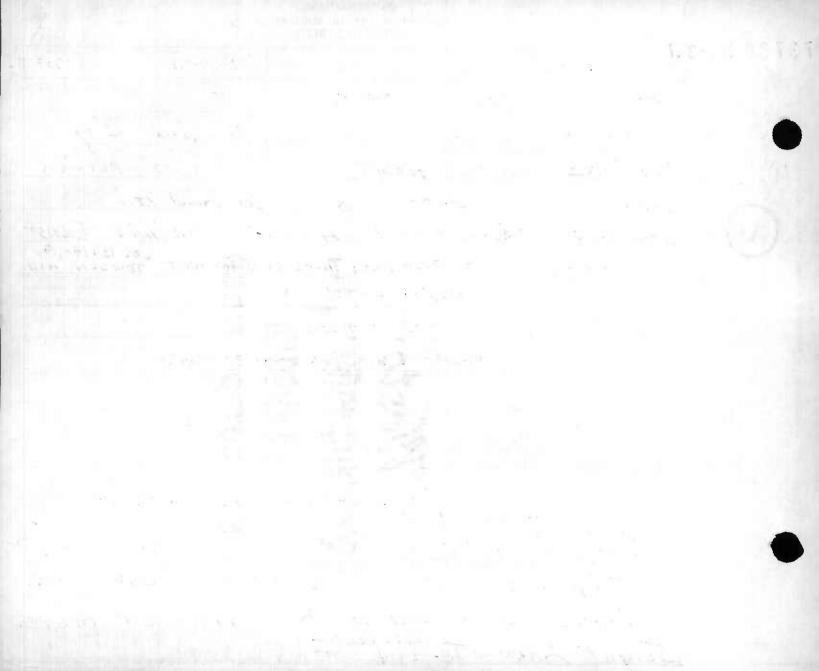
	1 - 67	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO	. o.	2 0	Ó	5
	1. DEC	CEASED NAME FIRST		WIDDLE	į.	AST	20. DATE OF DEATH		DAY YEAR	2b. HO	JR
ı	(1176	JAME	S	T. LA	MBROS	3	November	5,	1987		М
- 1	3. SEX		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDE	
		Male	Whi	te	Nov	. 25. 1905	81	YRS	MONTHS DAYS	HOURS	MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	_	9. BALTIMORE CITY O				
/		Greece	USA WIDE			D NEVER MARRIED DIVORCED	Baltimor	e Ci	ty		MD.
5	10. CI	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	or other institution	OTHER INSTITUTION 12a USUAL OCCUPATION: 12b, KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR				ESSOR
C	13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL aryland		130. CITY OR TOW Baltim		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4209 Pari	zip co	t Avenue	2120	06
1		THER'S NAME FIRST Thomas		Lambros		15. MOTHER'S MAIDEN NA FIRST Helen	WIDDLE		arafotis		
		VAS DECEASED EVER IN U.S. A (15, NO OR UNKNOWN) (15 YES, O	RMED FORCES?	215-05-8		Mrs. Catherin	ADDRE ne Lambros		ne as #	13	
	ATION	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION	(b)		NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON		GIVEN IN PART 1		
1	CERTIFICATION	THE DATE OF OPERATION	170. CONE	MION FOR WHICH	OFERATIO	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH? YES NO TO NO TO NO TO THE TENT NO TO T				
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	F DEATH HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)				
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		220.1 certify that (I) (this has above, (I) has failed				nd that in (my) (aur) apinion		ote and h		that (I)	
		The SIGNATURE	ril sh	(son		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	signed /6/8	
		22d PHYSICIAN'S NAME (17P) Gail Wilso				Good Samari	tan Profess	iona	l Bldg.	Suit	e 200
		SURIAL, CREMATION, REMOVA	L 236 DATE	23€. №	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
		Burial	11/7	7/87	Park	rwood Cemetery		ore	Maryla		
	24. FU	JNERAL DIRECTOR				250 DAT	TE REC'D. BY REGISTRAR	25b REG	ISTRAR'S SIGNA	TURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

J. Ruck, Inc. 5305 Harrord Road 21214

NOV 6 1987 Auto Action 1987

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	en €			OR PRINT)	FIRST		MIDDLE	-	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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9e 4	ector, p		3. SE	Male	3	Cauca:	sian	S. DATE	OF BIRTH	16	6. AGE (IN YEARS LAST BE	THDAY) IF UNDER 1 YEA MONTHS DAYS YRS.	
eoth. Po	in 72 hou	Contract of the Contract of th		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF		TRY? II. MARRI WIDOW	ED NEVER	MARRIED	Baltimore city of Baltimo	re City	MD.
o offer d	by the fu		3	altimore	TH	. (IF NOT IN SIN	H FACILITY, GIVE	irsing home street address) r Stre		202	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Waiter	OF WORKING LIFE) INDUSTR	of BUSINESS OR taurant
ND 2 1 2	filled in ould be		USU. 13a. S	AL RESIDENCE (* NURSI TATE MD	NG HOME OR	OTHER INSTITUTION TY	GIVE RESIDENCE	BEFORE ADMISSION TOWN IMORE	134. INSIDE O	CITY LIMITS?	412 S Ex	eter Stree	et 21202
RYL	Share	1000		THER'S NAME		MIDDLE	LAST			'S MAIDEN NAM			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The low requires that the death of	been signed by th rmit. Then please re prior to buriol, cren		CERTIFICATION	couse (o), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT	couse lost. (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (e)						NAL DISEASE OR CON	IDITION GIVEN IN PART 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
AL R	hos if pe		TIF								YES NO	YES 🗌	NO 🗆
OF VIT	Surial-transi Mental Hygi			210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A		DAY YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR PART ?)	
IVISION IG PHYSI offending	ter this case the burn and Me		MEDICAL	214 INJURY OCCURR			OF INJURY REET FACTORY, OF	FICE, FARM, ETC)	211 LOCATE	ION ET	CITY OR TO	OWN COUNTY	STATE
	R: Af	2	13	220.1 certify that (I)	(this hospit	ol) ottended th	e deceased fi	om		, 19	, to	19	, that (I) (we) lost
R ATTEND	of to	7		sow the decease	d olive on,	I view the body	ofter death.	19	and that in (my) (our) opinion d	eoth occurred on the c	late and hour and from th	ne couses stated
Al OR the ho	AL DIRE detoched ote Dept			Men Signature	(2	1.M	mod		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF AA	- 30-87
O HOSPIT	should be dwith the Sto			Frank			ı. D.		341		vert Str	eet 2120	2
5 5	F#33	3	23a E	URIAL, CREMATION,	REMOVAL			23c. NAME OF	CEMETERY OR	CREMATORY	23d LOCATION	COUNTY	STATE
ВР				Cremat:	lon	12-01		Secur	ity P	rocess	Baltimo	ro Balto	· MD
	- 16 50M 1/8 RA 15, 4)	11	24 FI	remation	299	ety of	f MD,	oad 2 Balti:	1228 more,	MD 25a DATE	0 1 1987	RISE REGISTRAR'S SIGN.	

(VRA 15, 4)

STATE OF MARYLAND

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8 NOV 2:					E OF MARYLAND		0 0	
0 1101 24	187 STATE REGISTRAR		3		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 6 /	0 2 0	7 1
	DECEASED NAM	E FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
25	(TYPE OR PRINT)	EMORY	т.	LAU	WRENCE	2500	NOU /19/1987	
d 1	. SEX		4. RACE White	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR		
0000	MAL		CANCASTAN	MONIT	1 2 / 1902	3	S YRS	5 HOURS MIN.
\$ 3 D	O BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	D NEVER MARRIED	_	R COUNTY OF DEATH	
2	Md.		U.S.A.	WIDOWI	EDA DIVORCED	Balto. Ci		M
4	CITY OR TOWN		11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C	GIVE STREET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	OF BUSINESS OR
1:-	Balto		Good Samar		oital	Ret. Sales	man Real Es	tate
1 /h	3a. STATE	13b COUN	JTY 13c. CITY	ORTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	zip code ey Ave. 212	06
e 14	Md.		Bal	το.	YES NO 15. MOTHER'S MAIDEN N		ey Ave. 212	00
N N N	James		MIDDLE	LASI	FIRST	WIDDLE	Steitz	AST
		D EVER IN U.S. AR	Lawrence MED FORCES? 166, SOC	IAL SECURITY NO.	Sophia 17 INFORMANT	ADDRE		
aedical	Yes, NO OR UNKN	OWN) (IF YES, GIV	TT 216-	-05-7350A	Jane Davis.	4000 Marx A	ve. 21206	
(4)					10000	1000 110111		DXIMATE INTERVAL N ONSET AND DEATH
event	PART I. D		ly ane cause per line far (a D BY: E CAUSE (a) Prasi	take Ca	with Ron	a metaglight	J. J. L. W. P. L.	1 y
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er tro	gave rise cause (a),	ta immediate	DUE TO OR AS A CO	ONSEQUENCE OF				
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y, or	gave rise cause (a), underlying	ta immediate stating the cause last.	(c)		NOT RELATED TO THE TER	minal Disease or con	DITION GIVEN IN PART I	1(a
injury, or	gave rise cause (a), underlying	ta immediate stating the cause last.	(c)CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b. IF YES, WERE FIND	DINGS USED
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				STATE OF MARYLAND	~ 4	20000
3072 NOV:		FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 /) 1 U 7 6
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
page 3	11111	Goldie	. M	Lawrence		11 19 87 11:50
pa ba	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector rrs off	-	Female	Black	MONTH DAY YEAR	68	YRS.
S P P P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
deorth Anner		MD	U.S.A	WIDOWED DIVORCED	1 Baltin	
offer of the formal of the for		Baltino u	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV University of	NURSING HOME OR OTHER INSTITUTION TE STREET ADDRESS) Mary Land	120 USUAL OCCUPATE CHARGE WORK FOR MOST O	
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24 Suld		1 1 1 1		timore YES X NO []	1 1 - 1	oun St.
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d co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA	L SECURITY NO. 17. INFORMANT	ADDRE	55
re be execution of the median	'	VES, NO ON UNKNOWN) (IF TES, GIV	218-	18-3076 Charles	· Carey 6	eg7 N. CAL Houn
on. To been signed by the attending permit. Then please remave carbone prior to burial, are my any injury, at other traumatic.	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON- (c) M.C. CONDITIONS CONTRIBUTION	usequence of Lipa agan tailure NG TO DEATH BUT NOT RELATED TO THE TEN WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES TI NOPA	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
N. Thysicio	- E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR	
	¥	OR CONTRIBUTING CAUSE OF DEA		19		
Cla plant		21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
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õ	ndin	£ . 73	5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	EKE EARA EIC	21f LOCATE		CITY OF TO	WN	COUNTY	STATE
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	→ -			23a. B	BURIAL, CREMATION, REMOVA			23c NAME OF C			23d. LOCATION CITY OR TOWN		COUNTY	STATE
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STATE OF MARYLAND

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DOA FROM CHURC		HOME STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 2 0	9 5
2 U 5 3 NUV 17		CEASED NAME FIRST	MIDDLE	t	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
oy be oge 3 deoth	,,,,,	BABY BO	Y LEBRUN			OCTOBER 27, 19	87	9;50P M
ge 4 moy ector, pog irs after de	3. SE	MALE	4 RACE WHITE	5. DATE 0 1072	7/1987	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
leoth. Po		RTHPLACE (STATE OR FOREIGN ARYLAND	75. CITIZEN OF WHAT COUN USA	TRY? 8. MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COU		MD.
s ofter of the full morning		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE THE JC	JRSING HOME C STREET ADDRESS HOP	ROTHER INSTITUTION KINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
AND 212	USU. 130 M	AL RESIDENCE (IF NURSING HOME OF ARYLAND	OTHER INSTITUTION GIVE RESIDENCE VTY I3C CITY OR BALTI	BEFORE ADMISSION) MORE	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 523 N. ELLWOO	ODE OD AVE	21205
MARYLAI ed within ond 2 sho examiner		ATHER'S NAME HILIP ^{RST}	MIDDLE LEBRUN		DONNA FIRST	ME	GROCKI	AST
iMORE, n and co Pages		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL (E WAR OR DATES)	SECURITY NO.	DONNA LEBRU	ADDRESS N	ABOVE	604430
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physician and completely filled in by os the buriol-transit permit. The place remove carban papers. Pages and 2 should be fill the and Mental Hygiene prior to burious completely in the modical examiner must be marked at them 18 shows any injury or other traumatic everifithe medical examiner must be marked at them 18 shows any injury or other traumatic everifithe medical examiner must be marked at them.	TION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF		sinal disease or condition		
TAL REC	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO		YES NO NO IN CE	YES, WERE FINDS RTIFYING CAUSE YES	INGS USED S OF DEATH?
haspital a haspital a IRECTOR: A hed for use ept. of Hea	MEDICAL CE	21a. ACCIDENT WAS UNDERTYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. 1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) [did] (did no 22b. SIGNATURE	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, of	19 .	211 LOCATION STREET 19 87 and that in (my) (aur) opinion DEGREE	CITY OR TOWN to death occurred an the date and	COUNTY	, that (I) (we) last e causes stated
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L RECOI	aws any it	CERTIFICATION	190 DATE OF OPERATION 9/26/87	196 CONDITION FOR W	HICH OPERATIO		YES NO D	206 IF YES, WER	E FINDINGS USED CAUSES OF DEATH? NO
OF VITA	Mental Hygin or Item 18 sh		21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OF	R PART 2)
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HOSPI pined b	10 - 8		Pamele	M. Thomas	S, MD	Johns	Hopkins	Hospi	tal
BP OT	3 3	23e. CR	Burial, cremation, removal EMATION	23b. DATE 10-1-1987	23¢ NAME OF C	EMETERY OR CREMATORY JHH	BALTO, MD.		
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	ESSARY, PLEASE FRAL DIRECTOR. R YOUR FILES. THIN 72 HOURS. RESTON STREET,	Ma]		Oriental	Feb. 9	, 1967	6 AGE (IN YE LAST BIRTHD. 20 Y	AY) MONTH	DER 1 YR.	IF UNDER		RONOUNG DE AD	CED NO	vembe 11	13-87	10:50a
	men s	7a. BIR EOR	THPLACE (ST EIGH COUNTRY) IOWA	ATE OR		F WHAT COUN	TRY?	8. MARRIE		VER MARRI	ED X			or count	ty of DEAT	MD.
N	Service Servic	ID. CIT	Y OR TOWN (of DEATH	11. NAME OF	HOSPITAL, NU	RSING HOME TREET ADDRESS)	OR OTHE	R INSTITU	TION	12a USU. FOR M	AL OCCUPA OST OF WORK Stude	ATION (TY ING LIFE)	PE OE WORK	12b. KIND O OR IND SC	F BUSINESS
27	ROBERTH. IF ANY DELA AGES 1, 2, AUGS 1001 RM PM 3. RETAIN PA 1 AND 2 SHOULD BE 1 OFWITALRECORDS, 2			IE IN NURSING HOME O		ON, GIVE RESIDENCE		ON)	13d. INSIDE (ITY LIMITS?		et appres O Obr		Road	21	
E, MD.	S 1, 2, PM 3. VD 2 SH WITALR	_	THER'S NAME Chin		MIDDLE	Lee	LAST			ER'S MAIDE			DOLE		Hal	
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MLTIN	FOR PAGES 1 DIVISION	(YE	O OR UNKNO	WN] (IF YES, GIVE N	YAR OR DATES)	20	Chin Lee Same						s #13			
6			18 CAUSE OF	F DEATH (Enter onl ATH WAS CAUSED	RY.									R.H.	BETWEEN C	MATE INTERVAL
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I REC	ULD BE EXECUTED WITH TATHORY PENDING" IN PENCIL! FF MEDICAL EXAMINE AIGNORED AS BURIAL TRANSPORPERM HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	CATIC	19a. DATE OF	OPERATION	19b CO	NDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?			1		20 AUTO	PSY?
) IV	SS EN CONTRACTOR	E								6				47 X	YES [NO NO
DIVISION OF VITAL RECORDS, 201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE. WRITING THE WORD."PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED AT FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS. BEET DEATH WITH THE STATE DEPARTMENT OF HEAT BALLIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CRE		UNDERLYING	L CAUSE WAS SOR NG CAUSE OF E	216. TIM HOUR 3:59	A.M. MONTH	-4-87 EAF	dri	w injury ver o	f a me	otoro n	cycle/	fixe	d obj	ect/he	ad-on
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	nay be page 3 rr death	_	PHILIP	A.	LE	= 1		11 18/0620 AM
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	ale di	10 CI	2 11	1. NAME OF HOSPITAL,		OR OTHER INSTITUTION	170 USUAL OCCUPATION	ON 12b. KIND OF BUSINESS OR FWOM INDUSTRY
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Ž.	OS CA E	$\perp\rangle$	185 W.W.	II 232	014195	Mrs.Georgia	a Leep, Sam	
BAL	physicial physic		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for to), (b), and (c).)	- , - ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires an signe Then pl rr ta burr injury, a	z	Dehydaha		ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 115
0.00	been mit. II prior t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
ME.		FIC	Sept 87	e 11 .1	i)	shuction		IN CERTIFYING CAUSES OF DEATH?
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/ISIG	The litters and and sed of sed	M.	WHILE NOT WHILE	(AT HOME, STREET, FACTOR)	r, OFFICE, FARM, ETC)	STREET	CITY OR TOV	WN COUNTY STATE
ā	Afte as olth		226.1 certify that (1) (this haspita	I) attended the decease	d from 11 /	6 19 87	10 11/7	
	OR ATTEN or hospital DIRECTOR, sched for us Dept. of He f Hem 21 is		sow the deceased alive on	- 11/7	1987 .01		death accurred on the do	ite and hour and from the causes stated
1	OR AT he hasp DIRECT ached f Dept. H tem 2		27b. SIGNATURE	view the body ofter deat	h.	DEGREE		22c. DATE SIGNED
	TAL Or the RAL DI detach tate De NT. If III		(XX	restan		MD ATTENDING PHYSICIAN	MEDICAL STAF	11/7/67
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	Of of Mark	73o F	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	123d LOCATION	
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	DHMH - 16 50M 1/B1	24 FI	INERAL DIRECTOR BOTTO		00012	25a. DA	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
	(VRA 15, 4)		ccully Funera	.Md .21230, 1 Home, 130	DORESS HOTH	Ave. NO		Divider Rendalle
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THE REPORT OF THE PARTY OF THE

DEPAR	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 /	2 1 0 2
WIDDLE	, 1	AST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
	Le	nnon	November 29	5, 1987 7 pm
RACE	5 DATE C			UNDER 1 YEAR IF UNDER 24 HRS
Black	Feb	9 1919	68 YRS 00	NIHS DAYS HOURS MIN.
CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
USA	WIDOWE	41	Baltimore	City MD.
NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR. SINAT		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
13c. CITY OR TO BALTO.		13d. INSIDE CITY LIMITS? YES X NO []	13e.STREET ADDRESS / ZIP CODE 3928 ROSECRAFT	AVE. 21215
EWS LAST		15. MOTHER'S MAIDEN N FIRST	AME ANDREWS	LAST
D FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS	
AR OR DATES) 009-67	8930	CICERO LEN	NON JR. 3928 RO	SECRAFT AVE.
ine cause per line for (a), (b), Y (AUSE (a) <u>Cardiac</u>		+		BETWEEN ONSET AND DEATH IMMEDIATE
DUE TO, OR AS A CONSECUTION (b) MUTTINE	OMON OF	subdural he	ematomas	10-20-87
DUE TO OR AS A CONSEC	DUENCE OF		A PERSONAL PROPERTY.	4

BALTO. USUAL RESIDENCE (IF NURSING HOME OR OT 13a. STATE 13b COUNTY MD 4 FATHER'S NAME NORMAN ANDR 160 WAS DECEASED EVER IN U.S. ARME IYES, NO OR UNKNOWN N/A NO 18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B IMMEDIATE C Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 31 NO YES -NO IT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this harpital) attended the deceased fram aL saw the deceased alive an above, (I) (max) (did) (did not) view the bady after death and that in (my) (each apinion death occurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE REGISTRAR UD LEASED NAME TYPE OR PRINT

remak 7a. BIRTHPLACE

COUNTRY

3. SEX

1110

ESTATE OR FOREIGN

NORTH CAROLINA CITY OR TOWN OF DEATH

230 BURIAL CREMATION REMOVAL

BURIAL

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LEROY O. DYETT & SON 4600 LIBERTY HGTS

/87

23b. DATE

CERO GORDO CEM. WILMINGTON, N.C.

23d. LOCATION

BY REGISTRAR 256 REGISTRAR'S SIGNA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEMED NAME 20 DATE KNOWN MONTH 7h HOUR (TYPE OR PRINT) ESTI-R FILES. HOURS STREET, Vincent DEATH MATED De Paul 2719 87 Leonard 4 RACE 3 SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE FUNERAL DIRECT S FOR YOUR I LAST BIRTHDAY PRONOUNCED 2:05 23 MALE WHITE 01 19 64 DEAD 2719 87 a M O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. DIVORCED XX Baltimore City MARYLAND WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY TAIN P. University Hospital ENGINEER G.S.A. Baltimore SHOULD BE 30 STATE 13d INSIDE CITY LIMITY 13e STREET ADDRESS MARYLAND BALTIMORE 328 WESTOWNE ROAD 21229 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST FIRST MIDDLE JOSEPH FRANKLIN LEONARD MARIE LARKINS MAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ADDRESS BALTIMORE, MD 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) YES WWII 217-18-6538 VINCENT LEONARD JR. 1914 KERNAN DR. 21207 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (g)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? **BURIAL**, YES Y NO [3 SHOULD BE UDEPARTMENT 21a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Ø OR HOUR A.M. MONTH DAY YEAR UNDERLYING 27/9 87 CONTRIBUTING CAUSE OF DEATH Passenger in auto/fixed object impact TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAK BATTIMORE, MARYLAND, 21201 PRIO 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION MD STREET, FACTORY, FARM, ETC.) WHILE AT WORK road 4900 Blk. Balto, Nat'l. Pike, Catonsville, Balto Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Natural causes Undetermined manner Homicide ACTUAL MASSIStant 11/27/87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Mario F. Golle, Jr. M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 12/01/87 CREMATION WESTVIEW WESTVIEW CREMATORY BALTIMORE MARYLAND 07/84 BP 25M 24 FUNERAL DIRECTOR & RUSSELL CAWLIZKE FUNERAL HOMES 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Dandon K 1630 EDMONDSON AVE CATONSVILLE MD 21228 (VR A15 ME (5))

						STATE OF MARTLAND		
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	m 4			CASED NAME FIRST JO	SEPH MIDDLE THOMA	S LESONDAK	20 DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR 45
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	er d	10.6	3. SE>		4 RACE	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHO	
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=10X	of the led with	1	j	VILLAMOFDEATH	THE NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Insurance	VORKING LIFE) INDUSTRY
2	in b	27/	USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c SITY OR TO	RE ADMISSION)		/
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled evild b	35	W	ryland Bal	Itimore Bachi	NOTE YES NO A	S? 13e.STREET ADDRESS / Z	CS/1 Road 2/2/2
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E.	TO TO	0	16a. W	AS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	
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ST	ottend ove co	LOU.		Conditions, if any, which	(b)			
¥ 3	eme eme	r tr		gave rise to immediate cause (a), stating the	BUT TO OR IS I SOMETO	VELUCE OF		
₹ :	oy th	or other troumstic		underlying cause last.	DUE TO, OR AS A CONSEQ	JENCE OF		
10	pleo pleo	0.10			(c)			
5. 3	5 5 -	ury,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I (a)
ORC	0 -	<u> </u>	CERTIFICATION	HYTAKER (estermielles o	nd IDDII		
EC.	Tarie of		CA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		NOB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
IL R	hos hos	ed or Item 18 shows	III				YES NO	YES NO
1	ding physicis s certificate burial-transit	18 sho	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY I	NITEM 18 PART I ORPART 2)
J.	phy tific	E		OR CONTRIBUTING CAUSE OF DE				
Z	orio vrio	Hem)	(IF EITHER, NOTIFY MEDICAL EXAMINER		21f LOCATION		
OS S	this this	marked ar	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY
<u>></u>	te pt	r e		AT WORK AT WORK		1 .	4.	
	Se A	m a		22a.l certify that (I) (this hospi	ital) attended the deceased from	July 30 19	8/ 10 /Var 2	, 19 8 , that (1) (we) last
	TOR OF U	1 .5	90	saw the deceased alive an	00730 19	V87 , and that in (my) (aur) opi	inian death occurred an the date	and have and from the causes stoted
	hosp RECT	- E	100	22b. SIGNATURE	at) view the bady after death.	DEGREE		221. DATE SIGNED
		# # De		1 20 -	+	ATTENDIN	NG _ MEDICAL _ STAFF	11/2/07
	y the	9 5	100	7w. 11/ay	ing,	PHYSICIA		ND 11/2/8/
Ġ	ned by the FUNERAL	MPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	, , ,	//
	FUNE FUNE	OR I		Trancisco	MArtinez	611 5 C.	harles St.	
(retained by the TO FUNERAL D should be detained	3 4	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO		
			1	SPECIFY)	The second secon			le Baltimore Maryland
	BP	_		urial	11-5-87	Dulaney Valley	I delici vili	.e zarermore naryram
D	HMH - 16 60	M 7/B4		NERAL DIRECTOR	ADDRESS	25	W REC'DOY BURNER	THE TRANSFER WHEN
	(VRA 15	4)	Mit	chell-Wiedefeld	d Home 6500 York	Road 21212	4	

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		1	FOR				ARYLAND	IV.C.IDDIE				1
		1-	STATE	AAE		ER'S CI	AND MENTAL I	25,	3	2 1	0	6
	208 NOV	19	PEGISTRAR CLASED NAME FIRST	ME	MIDDLE MIDDLE	EK 3 CI	EKTIFICATE		REG. NO.			
-			PE OR PRINT)		MODE		A31		ESTI- X	AONTH DAY	Y YEAR	76 HOUR
	PLEASE ECTOR. FILES. HOURS	2.05	Ruđoli	ph	I O.S.	Le		DEATH	MATED [11-3	-87	^
	PECT PECT PECT PECT PECT PECT PECT PECT	3. SE		DATE OF BIRTH	YEAR LAST BIRTHDAY	Y) MONTHS	DER TYR. IF UNDER	MIN. PRONOU		ONTH DAT	Y YEAR	2d HOUI
	ARY			5 5	1913 75 YR	S.		DEA	11-3		19 87	9:40
1	NECESSARY, FUNERAL DIR FOR YOU!		DREIGN COUNTRY)	CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARK	IED I	AORE CITY OR C			
	S NECESSARY, PLEASE FUNERALD IDRECTOR. E 5 FOR YOUR FILES. E) WITHIN 72 HOURS	41	TARYLAND	4,5,	, A.	WIDOWE			Baltimor			ME
10	F ANY DELAY IS N AND 3 TO THE FL RETAIN PAGE 5 SHOULD BE FILED	10.0		NAME OF HOS	SPITAL, NURSING HOME, CLITY EVESTREET ADDRESS! LITTIMORE GENE			FOR MOST OF WO	JPATION (TYPE OF	WORK 12b	芸の合語	WOOC
V	A P S P S						Hospital	MESSEN		RIER P	RSOM	VAL
	N N N N N N N N N N N N N N N N N N N	13a. S	AL RESIDENCE (IF IN NURSING HOME OR OF TATE 1136 COUNTY	THER INSTITUTION, GI	13c. CITY OR TOWN		3d INSIDE CITY LIMITS?	13e. STREET ADDR	ESS GLEI	V BUI	RNIE	E, MO
	IF ANY AND SHOULD	m	ARYLAND Y	- 103	BALTIMOR	SE	YES NO	6411 OF		ET 2	2100	61
	H. H.	14. F	ATHER'S NAME FIRST M	NIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
		17	CUDOLPHUS		LEVY		NANI			HOL	ME	2
	PAR PER I	160.	WAS DECEASED EVER IN U.S. ARMED	FORCES?	166. SOCIAL SECURITY	NO. 1		IRS.	ADDRESS			
	MACHER DEANING AND	100	No.	on prince,	215-05-50	942	BESSIE.	L. LEVY	SAME	AS	ABI	OVE
			18 CAUSE OF DEATH (Enter only o	ne couse per line	far (a), (b), and (c).)						APPROXIMAT	TE INTERVAL ET AND DE ATH
	0 0 0	-	PART I DEATH WAS CAUSED BY		ultiple iniu	ries					7.1.2.1.0.1.3.	TAIL DEATH
	N N N N N N N N N N N N N N N N N N N	1	8877	DUE TO, OR	AS A CONSEQUENCE O	F						
ě	AAN AAN SEA		Conditions, if ony, which gove rise to immediate	(b)								
	UTED WITHIN IN PENCIL IN EXAMINER AND THE TRANSI D MENTAL HOON, OR REM		cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR	AS A CONSEQUENCE O	F						
	ON A EXTENSION		lying coose lost.	(c)								
	AAN BEEN S		PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE O	OR CONDITION GIVEN IN PA	RT 1 (a)				
	D BE EXECTED BY	ON N										
	CRITICATE SHOULD BE EXECUTED WITHIN 24 HITHING THE WORD. "FENDING." IN PENCIL IN ITEM PED TO THE CHIEF MEDICAL EXAMINER ALONG 3 SHOULD BE USED AS A BURIAL TRANSIT PER DEPARTMENT OF HEATTH AND MENTAL HYGIEN I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	ATION WA	S PERFORMED?			20	AUTOPSY	?
	WORD "P WORD "P HE CHIEF O BE USED ENT OF HE S BURIAL,	Ē									YES 🔀	NO 🗆
-	MEN MEN B		21a EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	21c. HO	W INJURY OCCURR	D (ENTER NATURE OF	JURY IN ITEM 18 PART	1 OR PART 2)		
3	ERTIFIC ING TH ING TH IND TH I	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH P.M		Sub	ject fell	from tre	0			
-	S S S S S S S S S S S S S S S S S S S	ED	214. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME,		ject fell					
Č	WRITING WARDED PAGE 3 SI TATE DEP	2	WHILE NOT WHILE X	Sincellina	Profile etc.)	641	I Oak Str	eet,Baïtï	more Cit	y, Ma	rylar	nd STATE
	WER: THIS CERTIFICATION OF PAGE 3 SHOULD OR: PAGE 3 SHOULD THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF STATE O		22a. I certify that I took wards of	Ohe remnins des	cribed above held on	Autopsy	Inspectio	n , Inquiry				-
	A S S S S S S S S S S S S S S S S S S S		death resulted from Networks	1400	Acciphor Suic		Homicide .	Undetermined m		ту оріпіоп		
	CAA ERTII D B D B WITH		/ 1/	7771	1/-	ide,	TITLE (SPECIFY)	Onderermined m	onner,			
	W. Y. V.		SIGNATURE MA	LEO	1500	44.5	Assistan	MEDICAL EXA		DATE	11 0	0.7
	SEA SEA			CIN THE	/		ASSISTAL	MEDICAL EXAM	MINEK :	SIGNED	11-3	-87
	AEDI CUTE FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN	4	(TYPE OR PRINT)	Charles	P. Kokes M.I). AI	DDRESS 111	Penn Stre	et Balti	more !	Md_21	21
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITI PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BARLMORE, MARYLAND, 21201 F	23a.E	URIAL, CREMATION, REMOVAL 236	DATE ,	23c. NAME OF CEM			23d. LOCATION				
07/		1	BURIAL 11	107/198	7 CEDAR H	14.	CEMETER	CITY OR TOWN	RALTIC	MORE	. 1	no.
25N		24. F	VINTER FUN	ERAL	HOME, I		25a. DATE	REC'D. BY REGISTR.	AR 25h REGISTR	AR'S SIGNA	TURE	
	(VR A15 ME (5))	23	OIGWYNNS FALL	S PKWV			2/6 NO	v 6 1987	quira De	corders.	Kandas	A.

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0.0	0 0 0 000	0	REGISTRAR			WED	ICAL E	XAMIN	ER'S C	ERTIFIC	CATE	OF DEX	TH'	RE	G. NO.	6 10	9	0	
			CEASED NAME				MIDDLE			LAST			2a. DATE			MONTH	DAY	YEAR	2b. HOUR
	ET SS SE		eorge	AMIDIA	Man .		Dav	id	LF	WIS,	JR.	373	OF DEATH	ESTI-	D X	11-	-20-	, 87	
	TREI CHE	3 SE	(. RACE	S. DATE OF		. (. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER	24 HRS	2c. DAT	E	A	нтиом	DAY	YEAR	2d HOUR
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. MATHIN 72 HOURS MATHIN 72 HOURS	N	1	В	7	24	YEAR 37	50 YE		S DAYS	HOURS	MIN	PRONOU DE A	INCED D	11-2	20-		19 87	10:4
	SSA TEN	7a. B	RTHPLACE (STA	ATE OR	76. CITIZEN				R		1		9. BALTI	MORE C	ITY OR	COUNT			
	NAME OF STREET		MD.		36 130	TT (- A		WIDOW	D NE	DIVOR	-	100	Balt	imo	re C	itv		
	NE SE	10 C	TY OR TOWN C		11. NAME C	OF HOSP	ITAL, NURS	ING HOME	OR OTHE	RINSTITU		12a USI	UAL OCCI	UPATION	(TYPE OF		12b KIN	D OF BUS	SINESS
	PELAY IS TO THE FILED.		Baltimo	re	618°T	aure	#ns™St	Teet-	Outsi	.de		FOR	MOST OF WO	ORKING LIFE	:)		OR	INDUSTR	Y
_	NY DEL CORDS E	USU	AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITU	JTION, GIVE	E RESIDENCE BI	FORE ADMISSIO	ON)			-				7/	21	1-	
120	A STATE OF S	13a. S	MD.	13b. COUN	TY		13c. CITY C		200	13d. INSIDE (NO [EET ADDR				2	100	
g	SH SH	14. F/	ATHER'S NAME				LBAL	TIMOR	E		ER'S MAID		949	ALL	enaa	ате	<u>Ka</u>	•	
2	AL SES	7	George	Dav	MIDDLE	T	Lewis	ST	- 6	F	argar		7700	MIDDLE	T	7100		AST	
0	20 ₹ 30 —	160 V		EVER IN U.S. AR/				AL SECURITY	NO.	17. INFORM				ADD	RESS	ries	bury	Y	
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	6建 2			25.171.2															
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20	24 HD ITEM LONG PERM GIENE	/	901	IMMEDIAT	E CAUSE (a)					ardic	ovasc	ular	dise	ase			-		
>€	HIN ER AL NSIT NSIT EM®		Conditions	, if ony, which	DUE	TO, OR A	AS A CONS	EQUENCE C)F										
4	WITH RANGE RANGE RANGE R RE		gave rise	to immediate	(b)														
3	TED WITHIN 24 IN PENCIL IN ITEI XAMINER ALON AL- TRANSIT PER MENTAL HYGIE N, OR REM®VA		cause (a) s	tating the <u>under</u> elost.	DUE 1	TO, OR A	S A CONS	EQUENCE C)F										
RECORDS, 201 W. PRESTON	ULD BE EXECUTED "FENDING" IN PI "FENDING" IN PI "FENDING" IN PI "FENDING" "FENDING "FENDIN			1 6 3	(c)										3112				
Q	WAT A BL		PART 2 OTHER SIGI	NIFICANT CONDITIONS	CONTRIBUTING TO	O OEATH BE	JT NOT RELATE	O TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 (a).							
0	AS A SALTH	ō	Expo	sure to	cold,	Chro	nic a	lcoho	lism										
-	AL, AL	CAT	19a. DATE OF C	DPERATION	19b. C	ONDITI	ON FOR W	HICH OPER	ATION WA	AS PERFOR	MED?						20 AL	JTOPSY?	
1	SSE SES	CERTIFICATION	AL I														YE	es 🐷	NO 🗍
O. P.	O SE		21a EXTERNAL		21b. T	IME OF I	NJURY	NAV VEAD	21c HO	W INJURY	OCCURRE	DENTER	NATURE OF IN	VJURY IN ITI	EM 18 PART	1 OR PAR	T 2)		
DIVISION OF VITAL	RATA COLUMNIA	MEDICAL	UNDERLYING CONTRIBUTIN	G CAUSE OF D	DEATH	P.M.	11-2	O 19 8	7 Col	lapse	ed in	alle	y in	sno	W				
VISI	ERT ED 3SP PRI	EDI	21d. INJURY O			LACE OF	FINJURY	(AT HOME,	21f LOC										11.31
ō		\$	AT WORK	NOT WHILE X]	all	RY, FARM, ETC.)	618	Laur	ens s	Stree	t, B	alti	more	e Ci	ty,	MD	STATE
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	A TO THE			11	// //	T Descr	ibed above	VI Netd Gar	Autopo		Inspectio		Inquiry	Г	and in	n my api	nion		
	RTIF REC REC ATTH		death resulted	W Z	ol carries L	4	Accident L	B. 100	nde L.J.	Hamic	-9-	Undet	ermined m	onner [
	WAY DELEGEN		ACTUAL	AGK	rec	u	L	1	1	Chie	(IFY)					DATE	1	1-21	-87
	SHE SHE		SIGNATURE	100				-) M.	-		MED	ICAL EXA	MINER		SIGNED			
	A S C S C S C S C S C S C S C S C S C S		EXAMINER'S N	LME (JO)	nn E.	Smia	lek.M	.D.			111 1	Penn	Stree	et .R	alti	more	e Mr	212	01
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND S	23c Pi	TYPE OR PENATI	ON, REMOVAL 2						DDRESS_					~T (:T	1101	-,11	<u> </u>	.OI
		(5	PECIFY)			0.7	230. NA	ME OF CEM	ETERYOR	CKEMAIC	JKY .	+ CITY	ORTOWN			COUNT	ΙΥ	STA	TE
07/84 25M	BP	24. FI	Remov		12-1	-8/				1	25n DAJE	REC'D BY	DECISTO	AD 25	PEGISTE	PADVS CH	GNA	DC @ pe	
	DHMH - 17			natomy	Board	ADDRESS	Pa1+	.0.,	MA	100	DE	02	1 . 1	1. 40		April 6		17.5	
	(VR A15 ME (5))		cate n	ara comy	Doar	u	bart	.0.,	· Lull				- Charles	Ψ					7



				STATE OF MARYLAND		
	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO	32108
7 436 DEC -	1. DE	CEASED NAME FIRST	ALDDIE OF	LEWIS		MONTH DAY YEAR 26. HOUR PA
ge 4 more	3 SE	emale "	NEGYO	5. DATE OF BIRTH MONTH 8-13-1926	6. AGE (IN YEARS LAST BIR	(HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
	10. B	RTHPLACE (STATE OR FOREGN 76 COUNTRY) COUNTRY OF THE PROPERTY	L. S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BnItt	R COUNTY OF DEATH
by the t	1	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	Ty HOSP.	120. USUAL OCCUPATION OF WORK FOR MOST OF	
in 24 hou y filled in hould be	12	AL RESIDENCE (IF NURSING HOME OR OT STATE , 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFO	more YES IN NO [3605 W	ABASH AVE.
ompletel	1	THERS NAME INOMAS MI	Junge-		MIDDLE	Sewell
be exection and is. Pages	160 \	VAŠ DĖCE ASED EVER IN U.S. ARMĘ YES, NO ORUNKNOWN) (IF YES, GIVE V		9163 Mrs. Alic	Smith 3	605 WALAS hAL
ng physici ng physici non popul cevent, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY:	ac Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the ottendi oss remove cor 1, cremotion, o		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	AStic CarcinogA		
signe Then p to bury,	NO	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
hos bee t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ding physical is certificate buriol-tronsil Mentol Hygin or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH JIF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M.	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
or ottendir After this e os the bu olth ond M morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	
TTEN pitol TOR for us of He		220.1 certify that (1) (this hospital sow the deceased alive on above; (1) (we) (did) (did not). 22b. SIGNATURE			deoth occurred on the do	the ond hour and from the couses stated
ERAL Stote		22d. PHYSICIAN'S NAME LIVE ORP	mli	DEGREE ATTENDING PHYSICIAN 22e, ADDRESS	MEDICAL STAF	
retorned TO FUNE should be with the S	22- 1	FLAND KA	WITER	22 JOUT	4 green	2 - UMCC
ВР		BURIAL, CREMATION, REMOVAL SPECIAL PLANS PROVINCE AND PRO	236. DATE 236.	NAME OF CEMEJERY OR CREMATORY	132 MOCATION CHYPTONN	COUNTY STATE OF COUNTY STATE O
DHMH - 16 60M 7/84		NAME 6 6 1 6	2 ADDRESS,	In M th Me	O Tologo	NEOSTRAR S SIGNATURE

PARNES

to UARO

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Md. Balto. Westview Mem. Pk. Cem. Cremation 11-18-87 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

12h KIND OF BUSINESS OR

Broglie

APPROXIMATE INTERVAL

STATE

YES |

10 57

J. Greene St. Balto, Md

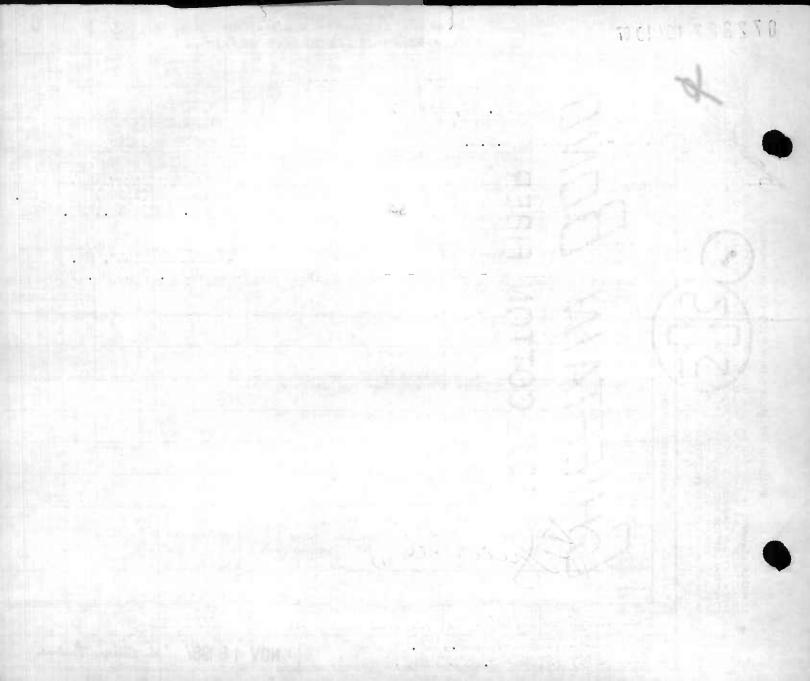
22 DATE SIGNED

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87

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ANT th the St MPORT 0 DHMH - 16 60M 7/84 (VRA 15, 4)

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE Overlea Balto Burial Chartes S. Zeiler & Son Inc. 6224 Eastern Ave.

22e ADDRESS

YEAR

IF UNDER I YEAR

7h HOUR

126 KIND OF BUSINESS OR

Restauran

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Schmidt

YES [

COUNTY

22t DATE SIGNED

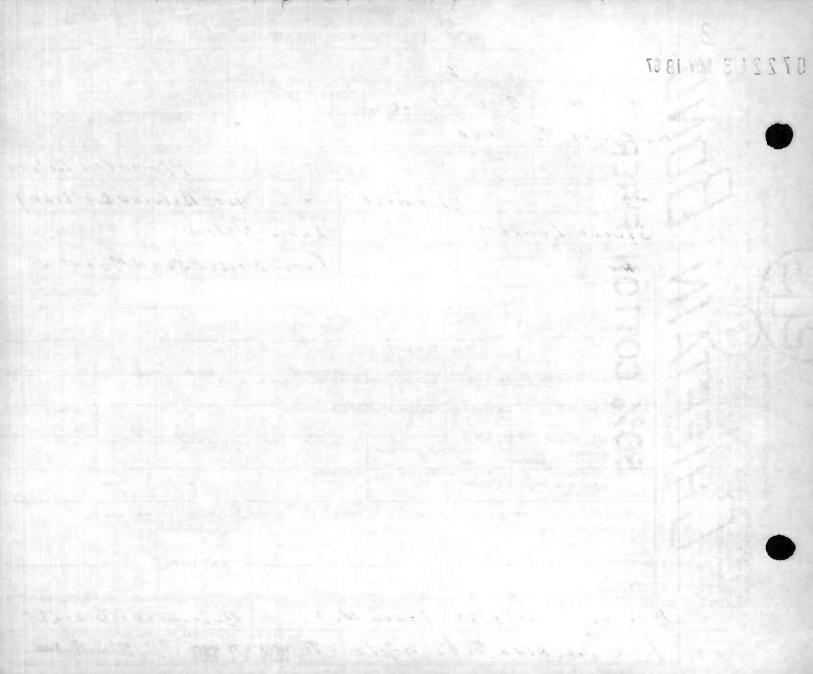
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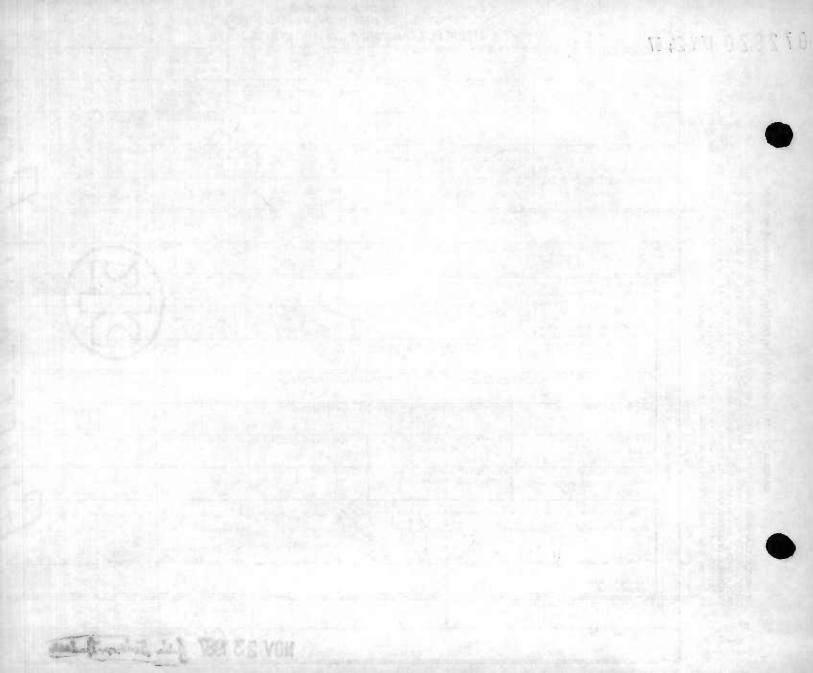
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME TO DATE KNOWNYY MONTH ESTI-DEATH MATED Rodney Lockett. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 11-12 1987 a. M 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City, BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Baltimore 900 blk. Dantry Court - rear USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDEN 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / JUST AND BALTIMORO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAM NE/SON MIDDLE 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Inma Welsen szya Mount for (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Gunshot Wound of Face and Chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES XX NO 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 2: 30KX 11-12 1087 subject was shot TIE PLACE OF INJURY (AT HOME. If LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC. STATE WHILE AT WORK AT WORK 900 blk. Dantry Court, Balto., Md. rear of --Autopsy XX. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 22a I certily that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Hamicide XX Undetermined manner death resulted top TITLE (SPECIFY) ACTUAL 11-12-87 Assistant SIGNATURE _MEDICAL EXAMINER 111 Penn St., Balto., Md. 21201 Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) THE BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OF CREMATORY (500 n 14,11 UR136 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE and are plangers 638h ge/m or & DHMH - 17 (VR A15 ME (5))





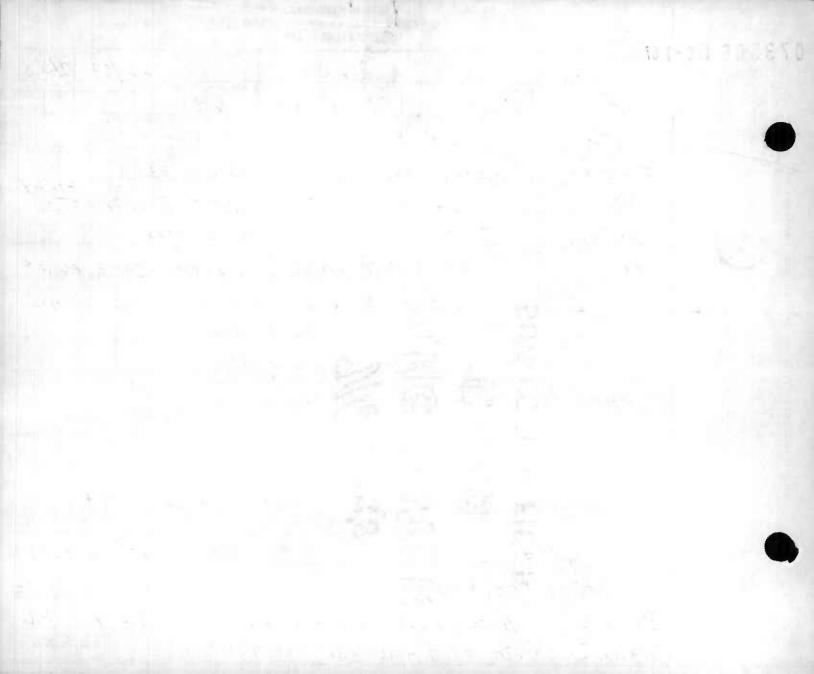
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•	AN WANTED		ACTUAL	(W	V. P.X	IM-			TITLE (S		1+	CAL EXAMINER	DATE	11-15-	87
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	MEDICAL E ECUTE THE C GE 4 SHOU FUNERAL D TER DEATH, LITMORE, M	-	EXAMINER'S N (TYPE OR PRIN	IAME T)	Charles P	. Kok	es, M.I).	ADDRESS_	111	Penr	Street			
	DATO PAGE	23a.B	URIAL, CREMAT	ON, REMOVAL	23b. DATE 11/23/87		NAME OF CEN			ORY	CITYO	NDALK.	COUN	ITY S	STATE 1D
07. 84 25M	D1		UNERAL DIRECT	OR					1	25a. DATE	REC'D. BY		GIGURAN S SI	SALL SALL	ID 4
	DHMH - 17 (VR A15 ME (5))	W	M. C. M.	ARCH F/H	I, INC. 1	101 E	. NORT	H AVE	NUE	NOV	201	187 galiet	Duridan-	Horizon	1



FOR per Kathy Morris DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR (TYPE GR PRINT) MAY E. 400 m S 3. SEX RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	1 3
I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR	
M. DATE OF DEATH	
# 25 Mary F. Loomis 11 5 87	26 HOUR
	3:45AM
	IF UNDER 24 HRS
Female White 3 4 19 68 YRS. MONTHS DAYS	HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY OF DEATH WIDOWED DIVORCED DIVORCED	City _{MD.}
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (17PED) WORK FOR MOST OF WORKING LIFE) INDUSTRY	sewife
LOCAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
Hary and Ann Arunda Baltimore YES D. NO B 204 Camrose Av	21225
15. MOTHER'S MAIDEN NAME	
George Lawson Mary Jo Mickerso	n 3
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SAME AS	#13
(YES, NATION OWN) (IF YES, GIVE WAR OR DATES) 279-12-9754 213-03-03-75 Record Elmer Loomis 204 Cam	rose AV
A 18 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	MATE INTERVAL ONSET AND DEATH
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	TTE	TOR for u	21:		sow the deceased alive above, (I) (we) (did) (die	017	ly ofter death	T, and t	that in (my) (our)	opinion death	occurred on the do	ate and hour	ond from the co	uses stated
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH PEGISTRAR REG. NO F-DECLASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Robert Love 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH MONTHS DAYS TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Aryland WIDOWED DIVORCED 17 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 124 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) W.S.S. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Anne Arunda 202 Maryland Mayo FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST R. John 00R Kathryn 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 321 NorwoodADRESS.S.Md. Barbara Patton(Daughter) N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 20 Pulmorary IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Cancer of the trou gove rise to immediate other cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Cancer NO YES [NO IL shov 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIF EITHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION morkedor CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from October 25 19 27 saw the deceased alive an November 5 19 87 above, (If(we) (did)(did not) view the body after death , and that in (my) (aur) opinion death occurred on the date and have and from the couses stated

DEGREE

231. NAME OF CEMETERY OR CREMATORY

Colesville Cemetery

22e ADDRESS

ATTENDING

PHYSICIAN |

MEDICAL

HIRES/RIPAldi 11800 New Hampon Ave. S.S. Md. DHMH - 16 60M 7/84

23b. DATE

11/9/87

226. SIGNATURE

Burial

230 BURIAL, CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ilia Devideon Pandace

STAFF

DIRECTOR PHYSICIAN

Colesville

22c. DATE SIGNED

Mont.

Md . STATE

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STATE OF MARYLAND

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11-6-87

23a. BURIAL, CREMATION, REMOVAL

Burial

Most Holy Redeemer Baltimore Ma

23c. NAME OF CEMETERY OR CREMATORY

Maryland R'S SIGNATURE

236 DATE REC D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE

NOV 0 6 1987

23d. LOCATION

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STATE OF MARYLAND

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DHMH - 16 60M 7/ (VRA 15, 4)	84	24 FU	NERAL DIRECTOR NAME WM. C. MARC	H F/H 1101 E.	NORTH AVE	DATE REC'D. BY REGISTRAR 255. REGIS	TRAR'S SIGNATURE
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(VRA 15, 4)

STATE OF MARYLAND

SECTION OF THE SECTION AND ADDRESS.

11/18/87

ADDRESS.

21229

4107 WILKENS AVE

5214 ARBUTUS AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DAITE SIGNED DIRECTOR PHYSICIAN 22ª ADDRESS 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE LOUDON PARK CEMETERY BALTIMORE MARYLAND 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Davidson Randalle

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DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

BURIAL

HUBBARD FUNERAL HOME, INC.

(SPECIFY)

24 FUNERAL DIRECTOR

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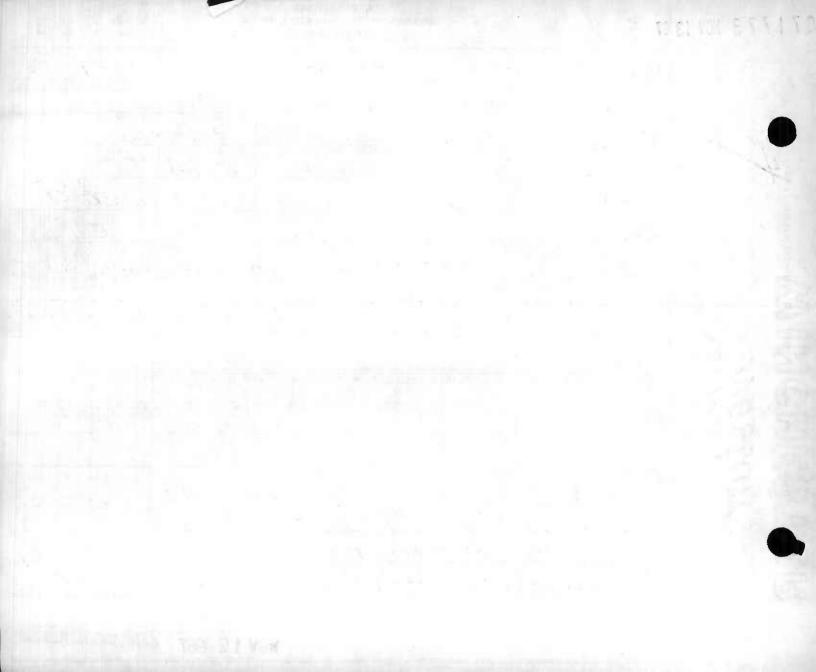
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	H. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. IL RECORDS: 201 W. PRESTON STREET.	3. SE		5. DATE OF BIRTH	I A AGE	(IN YEARS IF U			MONTH TI	
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25M	DHMH - 17		NERAL DIRECTOR	ADDRES			250.4DATE	REC'D. BY REGISTRAR	Julia Dan	SIGNATURE
	(VR A15 ME (5))	Ja	mes A. Morton	& Sons 17	UL Laurens	s St.	NUV	24 1987	0	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LOECH SED NAME 20 DATE OF DEATH MONTH 26 HOUR YPE OR PRINTI SAMMIE MAJOR NOVEMBER 15, 1987 08:20 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 07 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY UMSEN WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHAUFFEUN BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS, / ZIP CODE HEMSTERD 65, MURG 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME 2121 MIDDLE LAST MIDDLE LAST ARKIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS HE YES, GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 10 min Canditions, if any, which gave rise to immediate cause (a), stating the LA CONSEQUENCE OF shstruction underlying cause lost. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? NO YES [CERT Ö 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital attended the deceased from saw the deceased almoon pinion death accurred on the date and have and from the causes stated and that in (my above, (1) (we) (did) (did nat) new the body after death 226. SIGNATUR DEGREE 22c DATE FIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS 23b. DATE NAME OF CEMETERY OR CREMATORY STATE DHMH - 16 60M 7/84 (VRA 15, 4)

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se & ma	3. SE	Female	Black	S. DATE OF BIRTH MONTH 22 07	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
7 20 H	70. 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU		9. BALTIMORE CITY OR COUNT	
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D HOSPITAL Soined by the O FUNERAL Insulid be dest in the State		22d. PHYSICIAN'S NAME (TYPE		UANG BON S	ecours H	ospital
5 5 5 F 1 W		BURIAL, CREMATION, REMOVA		23¢ NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 1/B1 (VRA 15, 4)	Wm		West 4300 Wal	oash Avenue NC	OV 12 1987 Juli	a Dendern-Randala



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH EDTTH MANHEIMER MONTH 26 HOUR VHEIMER DITH 4. RACE 6 AGE (IN YEAR LAST BIRTHDAY) IF UNDER I YEAR 1 SEX 5 DATE OF BIRTH MONTH WE AD WHITE FEMALE To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND USA WIDOWEDXX DIVORCED BALTIMORE CITY 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PROPRIETOR MANHEIMERS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI PHARMACY 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 70 3900 N.CHARLES ST. #1107 #21218 MARYLAND BALTO. YES X NO F 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE AARON COHEN HARTZ MINNA SUITE 700 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ROBERT A. DEPENSOHN LIE YES GIVE WAR OR DATEST LYES. NO OR UNKNOWN) 217-26-8032 38103 NO 44 N. 2nd ST. MEMPHIS, TN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to lino Conditions, if ony, which gove rise to immediate couse to l, stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [Hygien 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE # IN ITEM IS PART I OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 72c. DATE SIGNE MEDICAL ATTENDING STAFF FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME MYPE OR 22e ADDRESS the S shoul with 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE CITY OR TOWN COUNTY NOV.4,1987 OHEB SHALOM MARYLAND BALTIMORE SOL LEVINSON & BROS., INC. BY RECISER R 256 REGISTRAR SISIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 21215 6010 REISTERSTOWN RD. BALTO., MD (VRA 15, 4)

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,	4 mo		3. SEX		4. RACE		5. DATE		-	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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	Po. Po.	20	o. BIR	THPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8.	D NEVER MARRIED		BALTIMORE CITY O		OF DEATH	
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	oy the full that with the full with the full with the full that will be full to the full that the fu	71		YORTOWNOF DEATH		HOSPITAL, NURSIN UCH FACHITY, GIVE STREET Y HOSPIT		OR ÖTHER INSTITUTION		USUAL OCCUPATION OF THE STATE O		12b. KIND O INDUSTRY	OF BUSINESS OR
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2	filled buld	2	Md		to.	Balto.	/N	13d. INSIDE CITY LIMIT	X 2	STREET ADDRESS	ntshi	re Rd	.21237
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	ng physic banpape removal			PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)_		rator	y arrest	t				July Committee
PRESTON ST	ding orbon			IMMEDIA		OR AS A CONSEQU		1	^ 1				
STO	e death ce attendin nave carb ation, ar traumatic			Conditions, if any, which	(b)	Congu		heart -	taile	ure			
93	he o emo emo			gave rise to immediate cause (a), stating the	DUE TO	0					1		
3	hot the by the ase rem I, cremi			underlying cause last.	100	Chronic	065	tructive	oulm	mary 0	lisease	2	
201	Ined Ined Surial			PART 2. OTHER SIGNIFICANT	CONDITIONS								a
RDS	equir n sign Then r to b		NO N										
60	bee prip	10	CERTIFICATION	90 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
OC	The le	7	Ē							YES NO		S D	NO [
VI.		7	E C	210. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH D	AV VEAD	21c. HOW INJURY OF	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM TO PA	RT I OR PART 2)	
0	SICIA ng pl certif iriol-t entol	7	8	OR CONTRIBUTING CAUSE OF DE	AID	P.M.	19						
DIVISION OF VITAL RECORDS,	o A Mis		MEDICAL	21d. INJURY OCCURRED	21e. PLACE	E OF INJURY	ARIA ETC I	211. LOCATION		CITY OR TO	WN	COUNTY	STATE
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۵	ATTENDING septel or off CTOR: After of for use as the fire of Health of The Marketh of The Marke			220.1 certify that (1) (this hasp		the deceased from_		-30 , 19_	87	, to	-87,1	9	that (I) (we) last
_	pitol TTEr pitol for of H			saw the deceased alive or abave, (I) (we) (did) (did no	11 -7	ly alter death.	87.0	nd that in (my) (aur) op	pinion deat	th accurred an the do	ite and hour	and from the	couses stated
	R Pe Pe	- 1	-1	22b. SIGNATURE				DEGREE				22c. DATE	SIGNED
				Throng m	chuyn	van	Y	ND ATTENDI	IAN D	RECTOR HYSIC	IAN	11-7	1-87
	HOSPIT ined by FUNER uld be of the Str	1		Md. PHYSICIAN'S HAME (TYPE	OR PRINT)			22e. ADDRESS		11	0		
		1		(sinny N	emy	man M	D	Merc	cy	Hospita	al		
	O f of M	1		JRIAL, CREMATION REMOVAL				EMETERY OR CREMAT		23d LOCATION		COLDIT	
	BP		Bu	rial	11-9	-86 N∈	ew Ca	thedral C	Cem.	Balto.		COUNTY	Md STATE
	DHMH - 16 50M 1/81		24 FU	NERAL DIRECTOR 333	Breh	ms La, Ba			a. DATE RE	C'D. BY REGISTRAR	DE REGISTA	TAR'S SIGN	UR
	(VRA 15, 4)		Sc	himunek Fun	eral H	ome, Inc.	2	213	NUV.	I U BOL	which De	Marie A	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH 1. DECEASED NAME 26. HOUR (TYPE OR PRINT) page 3 22,1987 3:00P MANOR JUDITH ANNE IF UNDER TYEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR White 1942 Female Dec 70. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania WIDOWED DIVORCED [Baltimore City 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Church Hospital. Home maker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21205 136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? P Marvland Baltimore 500 N Highland Avenue MXXX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sammue1 Peter Langsdorf Garnet Arlene McNatt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore, MD INF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) 175-34-9779 William Manor 500 N. Highland Avenue 21205 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARDIAC ARREST IMMEDIATE CAUSE (a)____ DUE TO, OR AS A ARTS TO MEYOP ATHY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause ta buri PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 HEPATIC FAILURE, SEPSIS CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 5 IN CERTIFYING CAUSES OF DEATH? per NOXX shaws burial-transit p Mental Hygien YES [] 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 5 COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE NOVThe I certify that hospital attended the deceased from saw the decemed alive and that in (exp (aur) apinion death occurred on the date and hour and from the causes stated Dept 22k SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF Nov 22. 87 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 100 N. Broadway Bal 774 PHYSICIAN'S NAME (TYPE OF PRINT) ld b shoul with 23e BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE CITY OR TOWN STATE (SPECIFY) Parkwood Cemetery Burial Nov 25. BP. Baltimore, Maryland 24 FUNERAL DIRECTOR BY REGISTRAR 250 REGISTRAR'S CL 25a. DATE REC'D. DHMH - 16 50M 1/81 Baltimore, MD DIPP Road (VRA 15. 4)



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69/1	4 3 OCT 26		REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	EXAMIN	ER'S C	LAST	CATE OF	DEAT	H DATE K	REG. NO), MONTH	DAY	YEAR	2b HOUR
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	ON S		M B		8 21	58	29 YR		DAYS	HOURS		DEAD		10		9 87	7:07 P M
0	NECESSARY UNERAL DIR 5 FOR YOU WITHIN 72 W. PRESTON	FO	RTHPLACE (STATE OR REIGN COUNTRY)		U.S.A.		ITRY?	MARRI WIDOW		VER MARRIEI DIVORCEI		Ва	et imo	re C	ity		MD
	IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3, ARTAIN PAGE 5 FOR YOUR FILES. 3, ARTAIN PAGE 5 YOU WITHIN 72 HOURS L'RECORDS, 201 W. PRESTON STREET.	E	TY OR TOWN OF DE Baltimore		11. NAME OF HOSP (IF NOT IN SUCH FACE 5207 GOOD	dnow	Rd.		er institut	TION	FOR MO	LOCCUPA STOFWORKI		OF WORK		OF BUS NDUSTRY 1ROCK	Υ
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	CERTIFICATE SHOULD BE EXECUTED WITH N 24 HOUTING THE WORD "PENDING" (N PROCED IN ITEM 18 DED TO THE CHIEF MEDICALIEX. THE ALLONG VISUALIDED BE USED AS A BURPACT THE STIT PERMIT PERMIT OF HEALTH AND MEDICAL HOGGINE, I PRIOR TO BURLAL, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to cause (a) statin lying couse last	VAS CAUSED IMMEDIATI ony, which immediate g the under-	DUE TO, OR A	Na: AS A COM	rcotic ISEQUENCE C)F] (d-				BETWEE	EN ONSE!	AND DEATH
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•	TO MEDICAL EXAMNER: THI EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PACA THE STATH, WITH THE STATIMORE, MARYLAND, 212			I took chorge	SA	Accident	, Sui	Autop	Hamic SI Dept D. D. DARESS_	uty Ch	nief MEDIC Penn (iner X.	DATE SIGNE	_D 10-	-21-8 201	37
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M.		ECISSARY, PLEASE THE DIRECTOR. FOR YOUR FILES. THIN 72 HOURS THESTON STREET,	7/70	BIRTHPLACE (S	STATE OR	76 CITIZEN OF WE	HAT COUN	TRY?	8 AAADDIE	D X NE	VED 44 A DO	VED []	BALTIM	ORE CITY	OR COUN	TY OF	DEATH	
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	N	SE OBES	13	UNDERLYING	G OR ING CAUSE OF D		MOITH	10	17									
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		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE STA BARTIMORE, MARYLAND, 2	-	EXAMINER'S (TYPE OR PRI	NIAME 9	John E. Sm	nialek	. M.D.		DDRESS	111	Penn	st.	Bal	to.	Md.	2120	1
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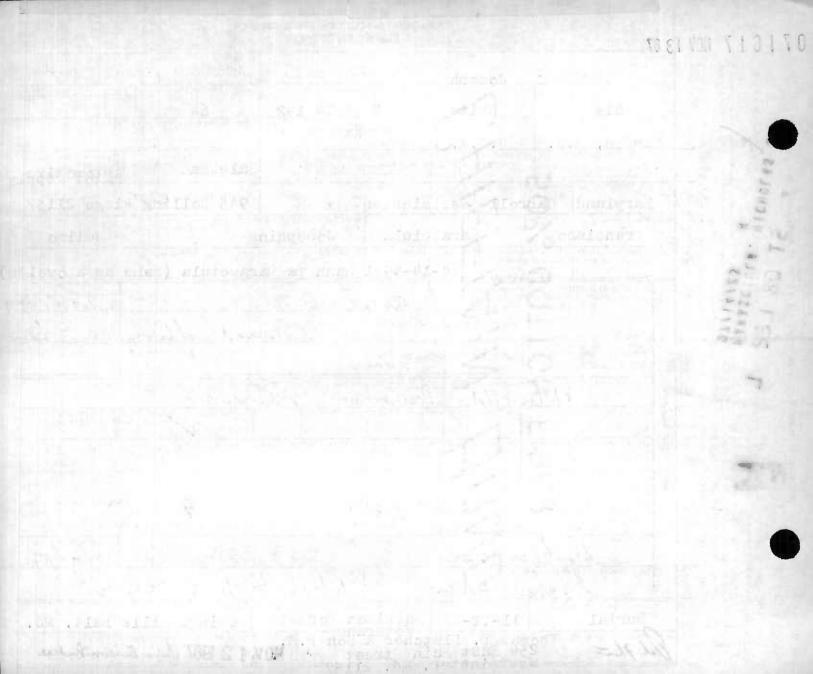
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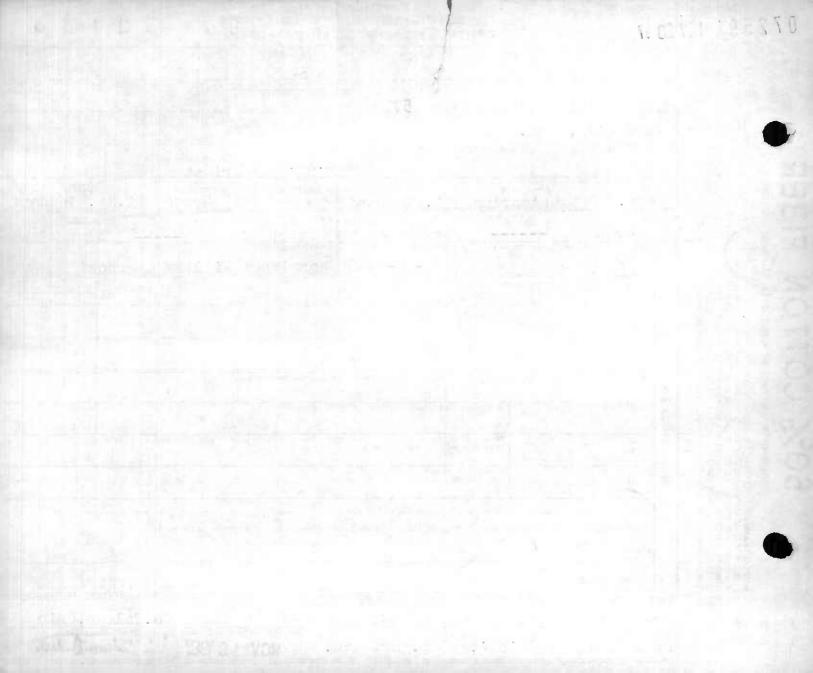


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STATE OF MARYLAND 072594 NOV 20 ST STRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED HENRY , F MARCINEK 11 18 4 RACE AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 8:20 AM DEAD 30/1930 18 19 87 White TO BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIEDXT Ford City, Penn. WIDOWED [DIVORCED Baltimore City CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Balto . Md . Baltimore 818 S. Broadway Priest 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Westmorland Spruce St.Mt enn. YES W NO [FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Marcinek Stephania Clukan 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 296-26-6760 Monsignor William Charnoki 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0. Diabetes mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MEDICAL CERTIFICATE, WRITING THE CHIE PAGE A SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL YES NOX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Natural couses X death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) Deputy Chief 11-18-87 SIGNATURE. Ann M. Dixon, M.D. 111 Penn St. Balto., MD 21201 (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery Co.Toledo, Ohio Lucas 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



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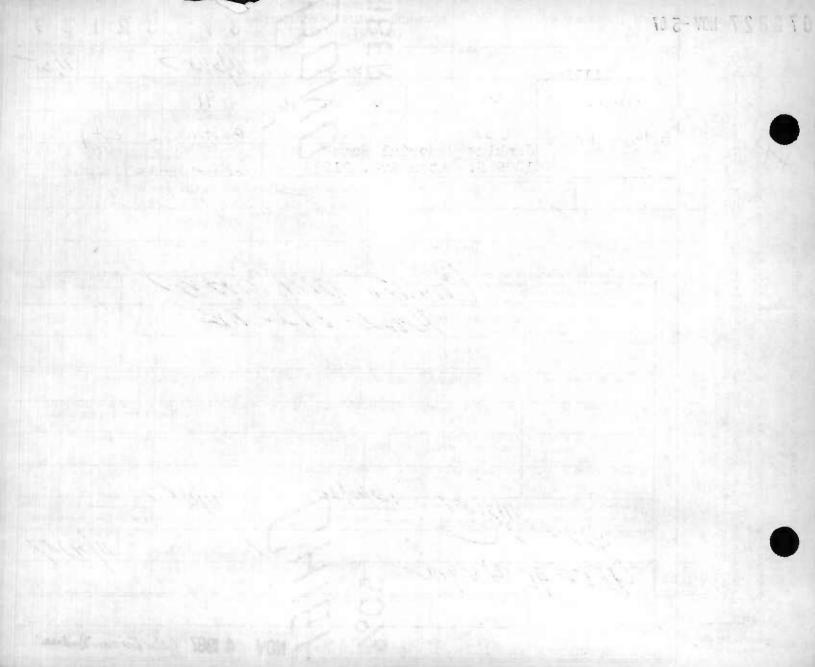
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a in a		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
45 94 75 7		Mary land	·USA	WIDOWED DIVORCED	Kaltimor	e City MD.
9 3 9/1	10 CI	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF AUSINESS ON
and the second	1	Bult	(IF NOT IN SUCH FACILITY, GIVE STREET A	DORESS)	retired many	HI INDUSTRY
hours hours	#ISU	AL RESIDENCE (IF NURSING HOME OR OTH	SER INSTITUTION GIVE RESIDENCE REFORE	IDAISSION)	Terrico Maria	11 67001
in 24 hours in 24 hours in 24 hours froud be file	13a. S	MO BOLL		IM. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP COD	S+U/av # 1,21208
YLA YLA	TA FA	THER'S NAME		IS MOTHER'S MAIDEN NA		7
complete	1	FIRST MID	Mast Mast	MIIO SONIA	MIDDLE	Chid. Wal
3 5 6 6 C	IAn V	O/MON VAS DECEASED EVER IN U.S. ARME	D FORCES? 166, SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	C-Marchet MA
MORE Poges		ES NO OB HANNOWALL I HE VES GIVE W		7905 1/200 Mak	7200	11/1/20170
TIM be		Yes Wu	/ L 216 01 V	101 VCIA LIAREN	160 1-20 DIOG	City way was
A de		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one couse per line for (a), (b), and	(c),)		APPROXIMATE INTERVAL BETWEEN ONS T AND DEATH
ST., BAL		IMMEDIATE O	///////////////////////////////////////	orup arrest		
ON S ding or re or re				ICE OF a		
death of ottending out of ottending or strong or car roumani.		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Failure		
PREST(gove rise to immediate	(6)	- 411011		
W. PR		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	- V-A's	
es that the death certifical and by the ottending phy: please remove carbonpal urial, cremotion, ar emove, or other traumatic events.			(c) 0149610	11.61.10		
quir quir sig then to b	NO	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to D</u>	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	VEN IN PART 110
aw re prior ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED		S, WERE FINDINGS USED
he lor on. hos l	윤					IFYING CAUSES OF DEATH?
ENDING PHYSICIAN: The Idea of a contending physician. OR. After this certificate has use as the buriol-transit per Health and Mental Hygiene is marked at them. It stickness.	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW IN JURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	
ON OF VITA HYSICIAN: The ding physicio is certificate buriol-transit mental 18 sfg		OR CONTRIBUTING CAUSE OF DEATH		Y YEAR	(ENIER NATURE OF INJURY IN TEM TO	PART (ORPART 2)
SICIA Ng p certificantolist	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHYSI PHYSI this ce the buri and Mer	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION NDING PHY: of ar attendit R: After this use as the buse as the buse dealth and M is marked ar	>	AT WORK NOT WHILE				
00 4 00 E		22a. I certify that (I) (this haspital)	ottended the deceased from	. 19	Z to DIESINI	. 19, that (I) (we) lost
TTEN Pitol TOR for u		sow the deceased alive an	1/18 19	5 7 and that in (my) (our) apinion	death occurred on the date and ha	ur and from the couses stated
t OR ATTEN the haspitol L DIRECTOR toched for us e Dept. of He		obove, (I) (we) (did) (did not) v 22b. SIGNATURE	iew the body after death.	DEGREE		220 DATE SIGNED
		1 /hen a	1111 / Bush	m m ATTENDING	MEDICAL STAFF	11/0/2
HOSPITAL O ined by the FUNERAL DI vid be detock		a wyn	W 1-1000		DIRECTOR PHYSICIAN	1/17/8/
HOSPI ined b FUNE wild be h the S		22d. PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS	1	
0 - 0 - 0		Jamuel	I. Benesh	11/5	16 cu Ave	
of of Star M			236 DATE / 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		SPECIFRICIAL	11/10/87 MG	111 / (2005)	Owings Mills.	Butta MO
UI	24 F	UNERAL DIRECTOR		- VETCIONS CON FURST	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
DHMH - 16 60M 7/84	14	NAME MARINE	1 Hugz 1100 K	11000000		~ 1 .0 .
(VRA 15, 4)	110	vice i itivoral turi	al laine in Bali	0,171 2120K NO	IV 1 3 198/ Millia	Deviden Rendalle

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			-						STAT	E OF MARYLAND				
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				- 25	REGISTRAR			MIDDLE			REG.			
60	m 4				CEASED NAME OR PRINT)	FIRST		WIDDLE	- 19	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	2h HOUR
3 y	page 3				Will	iam,				Marks	11/2/0			1/10 W
Ę.	. 0		1	3. SE			4. RACE		S. DATE (6. AGE (IN YEARS LAST I	IRTHDAY)	MONTHS DAYS	HOURS MIN.
90	rector.	1	1	-	male			112.00	8	12 96	71	YRS		
9	ol dire	100	5	. (RTHPLACE (STATE OR F		76. CITIZEN OF		JTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Je .	uner hin 7	å.	4		tona, PA		US		WIDOW	DI DIVORCED	Ballin		city	MD
X \ =	11	1	70	10. CI	TY OR TOWN OF DEA	TH /	JIE NOT IN SUC	HOSPIMEN CHEACILITY, GIVE	STREET ADDRESS)	MOINE INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
S	50	190	1	-6	altimore		1000 8	. Cat	on Ave	. 21229	Merchant	MEZIA	Mari	ine
hoc	2.0	2	1	USU/	AL RESIDENCE (# NURSI	186 COUP	ROTHER INSTITUTION NTY	13c. CITY OR	BEFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
n 24	13	2	1		aryland	Bali	tmore	Arbut	us	YES NO	2400 Zion	Road	21227	
w th	100	1	2	4 FA	THER'S NAME FIRST		MIDDLE	LAS	ot .	15 MOTHER'S MAIDEN I	NAME		LAS	51
Ped	12	182	20	/										
×	1.8	dico	1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADD	RESS		
9	S. Fa	1	har	Y	es	WW 1		171-0	7-0027	Hospital Re	ecords			
6	poper	, to .	4		18 CAUSE OF DEATH			line for ignal	b) ond ic	, Kini	0121	6	BETWEEN	ONSET AND DEATH
rtific	W C	event,					TE CAUSE (o)	64	111/11	dece				
9		ofic			X		DUE TO, O	R AS A CONS	POLENCE DE	h. RUL	- E135			
death	otte	froumotic		Н	Conditions, if ony,		((b)_	/	1/1/2	0 012				
e t	the c	er froom			gove rise to imm couse (a), stating	ediote the	DUE TO O	RAS A CONS	SEQUENCE OF					
hot		or other			underlying couse		(c)		JE GOETTEE OF					
ires 1	signed ren ple	7,	1	-	PART 2 OTHER SIGN	IFICANT (CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVI	EN IN PART 10	0
- Pa	The	g .2		CERTIFICATION										
30	s be	Hygiene prior	2	CAI	19a. DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YING CAUSES	
P P	hos it per	Tow T		RTIF							YES NO		s 🗌	NO 🗆
N. N. Pysic	ficate	18 s			210, ACCIDENT WAS UND	_		OF INJURY	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM TO P	ART I OR PART 2)	
G D	is certificat burial-tran	Mentol	1	MEDICAL	(IF EITHER NOTIFY MEDIC		ALC:	.м.	19					
PHYS	S o	T 4		EDI	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION	CITY OR	lown	COUNTY	STATE
Offer offer	- -	morked o		2	AT WORK NOT WHI	IE C	(ATTIOME, S)	MEET, PACTORT, O	I In	Wilkh	11/2	10		
200	4 ·	reolth is mark			22a I certify that (I)	this hospi	ital) otjegded t	e deceased f	rom_	, 19	, to	0 6	19,	that (I) (we) lost
TEN		21 is			sow the decease	d olive on	11/11	ofter death.	_19, o	nd that in (my) (our) opinio	on death occurred on the	dote and hou	r and from the	couses stated
R ATT	DIREC	e b			THE SIGNATURY	1	Deen Jacoby	Girer death.		DEGREE			THE DATE	SIGNED
a p	000	of F			1//			100		ATTENDING	MEDICAL ST	AFF	11/2	1157
PITA	144 61 4	0	1		274 PHYSIGHAPPS THE	METINI	1300 TI	1100	, ,	22e. ADDRESS	DIRECTOR THIS	ICIAIT [14	//
HOS	TO FUNE	With the Stat			450	49	EMI	NYO					1	
5 e	5 of	* M		23a F	URIAL, CREMATION, I	PEMOVA!	1236 DATE		1 23¢ NAME OF C	EMETERY OR CREMATOR	Y 236 LOCATION			
BF)	1		(SPECIFY)	LINOVAL	1000	4.405	The same		CITY OR TOWN	n Dans	COUNTY	STATE TANK
B1		-			Burial UNERAL DIRECTOR		11/04	1/87	Marylan	d Veterans C	eme Garriso			to. Md.
	- 16 50N				inbrose Fur	7	TYOUR 1'	ADD CAT	RESS Co	ring Poad M	OV 4 1097	Vulia 1	Turder-R	andals
(VI	RA 15, 4)		F	morose fur	eral	HOME T.	520 BU.	rbiint 26	LING ROAD N	UV 7 1901.	d)		



urs ofter death

STATE OF MARYLAND

65	.00
2	4
ALC: NAME OF TAXABLE PARTY.	

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	3 2	1	4 0
	I. DECEASED NAME FIRST	MI	DDLE	t.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	Emma			Mars	hall		11 12	1987	M
1	3. SEX	4. RACE		5. DATE C		6. AGE LIN YEARS LAST BIRTH		DER 1 YEAR	IF UNDER 24 HRS
-	female	black		MONTH	3 91	96	YRS	HS DATS	HOURS MIN.
3	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
d	Md	USA	1	WIDOWE	W	Baltimor	e city	-	MD.
N	18 CITY OR TOWN OF DEATH		OSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATIO		26. KIND OF	F BUSINESS OR
1	Baltimore	6624	Eberle D	rive	Apt 304	Retired	4DUSIR1	1	
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COL		Baltimor	1	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 3120 Ban		reet	18
7	14 FATHER'S NAME				15. MOTHER'S MAIDEN NA				
3	John	MIDDLE	Curtis		Sarah	WIDDLE		Howar	
	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRES			
	(YES, NO OR UNKNOWN) (IF YES O	IVE WAR OR DATES)	N/A		Dora Brown	6624 Eberl	e Drive	Apt	304
	18. CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS				NiA			APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	AS A CONSEQUE	e (L	hempares	illation			
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN II	N PART IIO	
1	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING					YES NO	IN CERTIFYING	_	NO [
7	an contraction of Cities as a	EATH HOUR A.M	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART T	OR PART 2]	
	VIG. THE STATE OF	21e PLACE C		RM, ETC)	ZII LOCATION	CITY OR TOW	/N	COUNTY	STATE
	27e I certily that (II) his hos law the decreased alive or above, (I) (we said) (did of	101	19	5/2	7 19.87 ind that in (my) (our) opinion (deoth occurred on the do	te and hour one		that (It (we) last couses stated
	778 SIGNATUR	//	arum.		DEGREE ATTENDING	MEDICAL STAF		22c. DATE	SIGNED
	224 DAYSHEIMS S NAME (THE	ORTHUM	AND.	1-1	PHYSICIAN 222 ADDRESS	DIRECTOR PHYSICI		11/16	87

231 NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

TO HOSPITAL OR

IMPORTANT: If them 21 is

morked or Item 18 shows ony injury, or other troumotic event, the

and Mental Hygiene prior to burial, cr

24 FUNERAL DIRECTOR Wm. ~℃. March F/H West 4300 Wabash Avenue

11/16/87

SchWartz

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION
CITY OF TOWN
Arbutus

Park

6

COUNTY

Md

73 E1 VOL G 46 1 7 C

cold water . In

Compatibility of the description of the control of

STATE OF MARYLAND

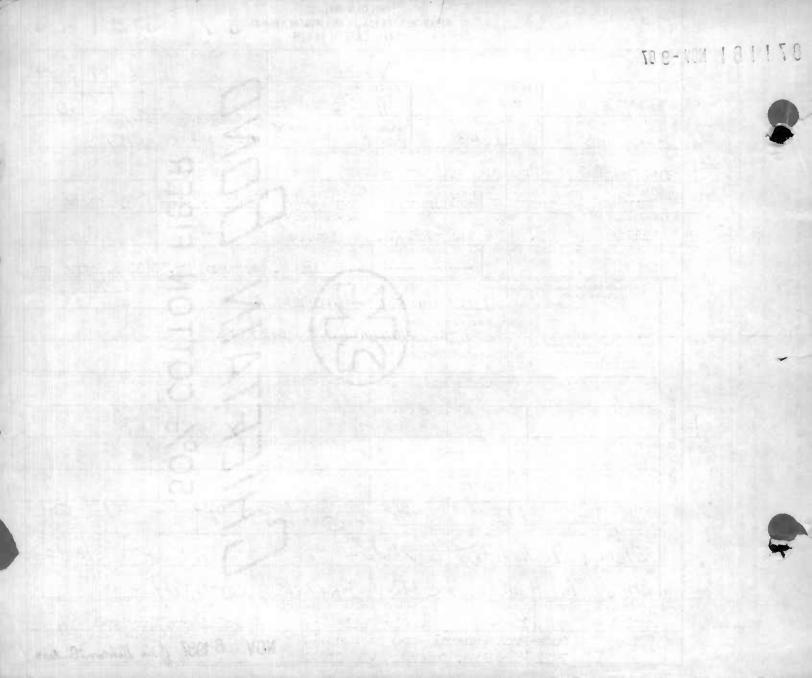
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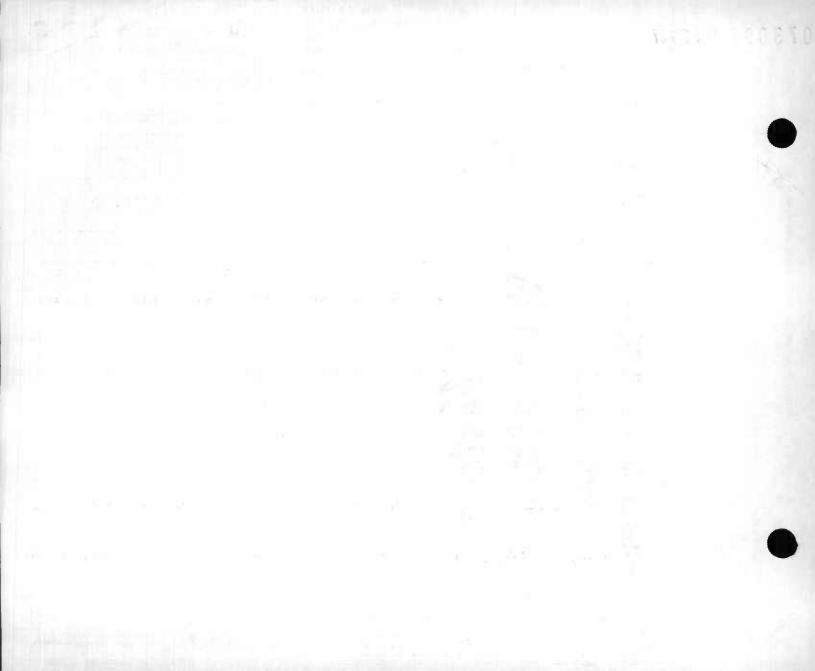
7922 Wise Ave. Dundalk, MD 2122

DHMH - 16 60M 7/B4

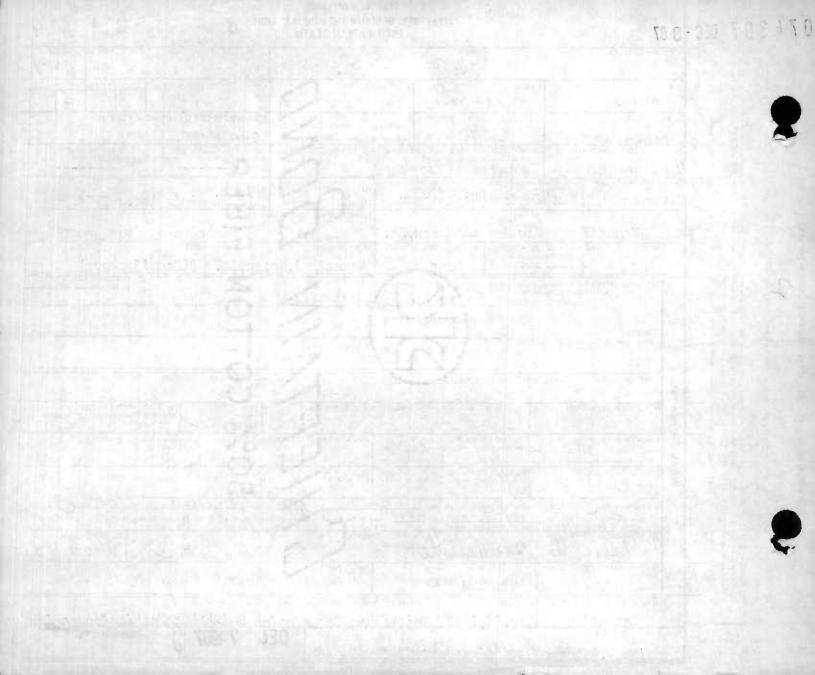
(VRA 15, 4)

STATE OF MARYLAND





072527 10720 07 AND REAL PROPERTY OF THE PROPE



1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	32147
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	ITH DAY YEAR 26 HOUR
o o o o o o o o o o o o o o o o o o o	(Rev.) STEV	E L.	MATHIS, III	November 3	0, 1987 M
3. S	EX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	White	May 17, 1930	57	YRS MONING DATS HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	Florida	USA	WIDOWED DIVORCED	Baltimor	e City MD
10 0	Baltimore	11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREE 4 St. Martin		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Clergyman	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY Religious
130.		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF	
14.8	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	
	Steve L10		Jessie	WIDDLE	Johnson
:3	NO 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), or	1985 Mrs. Judi	e M. Mathis	Same Bapproximate interval Between onset and Death Clear Alega
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	ay arthrosell	MINAL DISEASE OR CONDITION	Byears ON GIVEN IN PART 110
NO.	De	of			
RTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	sow the deceased alive o	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, sital) attended the deceased from	AY YEAR 19 211 LOCATION STREET 211 LOCATION Gurr apinion DEGREE ATTENDING	CITY OR TOWN The death accurred on the date of the da	COUNTY STATE 19 , that (D(we) last and have and from the causes stated) 22c. DATE SIGNED

Druid Ridge

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR H.W. Jenkins Sons Co.

12/4/87

Dr. E. Hunter Wilson, MD

23a. BURIAL, CREMATION, REMOVAL ISPECIFY Burial

23c. NAME OF CEMETERY OR CREMATORY Pikesville,

MD

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNA

Medical Arts Bldg., Balto.,

1	2						OF MARYLAND				
071	7	1.	FOR				LTH AND MENTAL				13
11/4	I T I DEC	-7	STATE GISTRAR	ME	EDICAL E	XAMINER	'S CERTIFICATE	OF DEATH/	REG. NO.	4	3
	1 1 020	1 DE	CEASED NAME FIRST		MIDDLE		LAST	20 DATE	NOW NOW	TH DAY YEAR	2b HOUR
	ш	{TYF	E OR PRINT)	,	YA			OF	F2II-	1 06 0	7
	ASS CRESS EFF EFF EFF EFF EFF EFF EFF EFF EFF		Howar		M.		Matkins				
11	SPESS Y	3 SEX	4. RACE	5 DATE OF BIRTH	YEAR	LAST BIRTHDAY	MONTHS DAYS HOURS	R 24 HRS. 2c DATE MIN PRONOUN	MONT	H DAY YEA	20 11001
10	N 2 2 B S S S S S S S S S S S S S S S S S	nie	le maile	7-12-1	1922	65 YRS.	MONTHS DATS HOURS	DEAD	1	1 3019 8	7 8:26
4.00	NEGSSARY, PLEASE UNERAL DIRECTOR. OUR FILES. WITHIN 72 HOURS PRESTON STREET,	7a. B	RTHPLAGE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNT	RY2 Is		9. BALTIMO	ORE CITY OR COL		- I
	NEGES CUNERS PRESENTED	FC	REIGN (OUNTRY)	211	7 4		ARRIED NEVER MARI				
	25		md.	4.1	· A .		DOWED DIVOR		more Cit		MD
	SHRA	10. C	TY OR TOWN OF DEATH		SPITAL, NURS		OTHER INSTITUTION	12a USUAL OCCUP		RK 12b. KIND OF I	
	PAGE BEFILE S. ZU	F	Baltimore	820 S		n Avenue	-712.29	Vainte	A	1000	D ol
			AL BESIDENCE (IF IN NURSING HOME O				- 2122/	James	r	Chy - m	Congra
20	NA STANS	13a. S				DRIOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	87	1 9	
	-W445BC		1/4.		ORP	tenno	YES NO	8201.1	Dator 6	ene. 21	227
/9.	T CABO	14. F/	THER'S NAME				15. MOTHER'S MAIL	DEN NAME	DDLE O	e last	
	BUR 55/1/	1)	V 0	Morre	1	7 -	PIRST	MI	DOLE (P)	LAST	2 3
1 8	835 S	16a V	VAS DECEASED EVER IN U.S. ARI	MED FORCESS	1 VIOL	AL SECURITY NO) IT INFORMANT	cl	ADDRESS	Mosk	-
2	AND SE	{Y	(IF YES, GIVE	WAR OR DATES)	100. 300.	AL SECONIT INC				ا دیداد	0.
7	ANT SE	6	400 3-23-4	45to 5-15-4	15/216	16-6840	Hame K.	Matkine	3223 6	ortarean	v 6.7.
- 4	S		CAUSE OF DEATH (Enter on	ly one cause per lin	e far (a), (b),	and (c).)				APPROXIM	ATE INTERVAL
15	Q-054		PART I DEATH WAS CAUSE	D BY:			ardiovascular	discosso		BETWEENON	ISET AND DEATH
NO.	ZESEEZ ZESEZ		IMMEDIA'				TUTOVASCUTA	ursease			
10	ZZZZZZ		20 to 10 to	DUE TO, O	R AS A CONS	EQUENCE OF					
8	토목축중목원		Conditions, if ony, which gove rise to immediate	(b)							
*	N N N N N N N N N N N N N N N N N N N		cause (o) stating the under-	< (-/	R AS A CONS	EQUENCE OF					
- 5	BASSARZ		lying cause last.	1							
10	31,7525			(c)							
. 0	X Y S Y Y Y	_	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H RUT NOT RELATE	O TO THE TERMINAL I	DISEASE OR CONDITION GIVEN IN P	ART 1 (a).			
8	#5555#	CERTIFICATION									
W.	DO WEEK	7	19a, DATE OF OPERATION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED?			20 AUTOPS	SY?
Z.	全の世界の表	1 8		A						V=0 [(57)
5		E	210 EXTERNAL CAUSE WAS	21b. TIME C	VE INTILIDA	1.0	1. HOW IN HIRV OCCUPA			YES L	NO 🔀
Ö	G THE WO TO THE WO HOULD BE ARTIMENT (OR TO B.		UNDERLYING OR		M. MONTH I	DAY YEAR	It HOW INJURY OCCURR	ED LENTER NATURE OF HUM	IRY IN ITEM 18 PART 1 OF	{PART 2}	
N O	E-00887	13	CONTRIBUTING CAUSE OF	DEATH P.	M.	19					
DIVISION OF	SECOND	MEDICAL	21d INJURY OCCURRED		OF INJURY		LOCATION		3 1 1 1 1 1 1 1 1		
No.	S S S S S S S S S S S S S S S S S S S	1	WHILE NOT WHILE	STREET, FA	CTORY, FARM, ETC	.)	STREET	CITY OR TOW	N	COUNTY	STATE
	TANA		AT WORK AT WORK								
	S S S S S S S S S S S S S S S S S S S		22a. I certify that I took charg	e of the remains de	escribed abave	e, held an A	outapsy , Inspect	on X, Inquiry	, ond in my	σριπιοπ	
	ZOE REE		death resulted from Natur	ral causes 🛴	Accident] Svicide	1 Homicide .	Undetermined ma			
	CERTIFIC CERTIFIC OULD BE F I DIRECTO		deom resoned in the indicate	di cuoses 42.	Colden	Spiciae	A	Onderermined mu	iner [],		
	X B B B B S		ACTUAL MARI	e T	Uh //	A	TITLE (SPECIFY)		DA	re 11/	0/07
	AHONE W		SIGNATURE	10	X		Assistan	MEDICAL EXAM	NER SIG	NEDII/3	30/87
	SE S					_ /					
	M SHEEP		(TYPE OR PRINT)	Mario F.	Golle,	Jr, M.I	O. ADDRESS	lll Penn	St. Bal	to.MD.	
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEAT DIREC AFTER DEATH, WITH BACTIMORE, MARYL	23a B	URIAL, CREMATION, REMOVALL	73h DATE	[23, N/	ME OF CEMETE	RY OR CREMATORY	123d LOCATION		75	
		1	SPECIFY)		10	b. A	1 + 6	23d LOCATION CITY OR TOWN	ila e e	DIN /2	STATE
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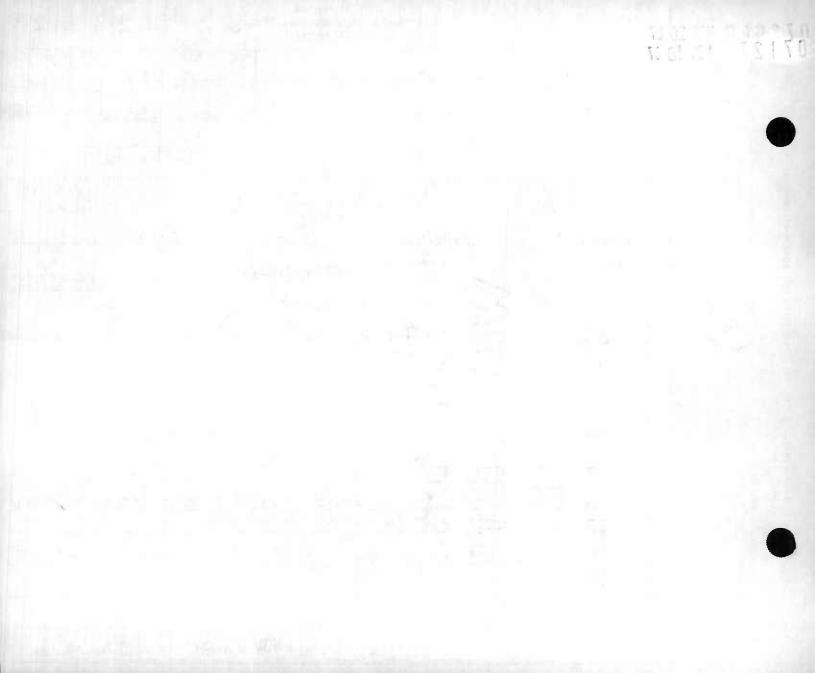
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	1	STATE OF MARYLAND
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Of of Shape		BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION
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DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP 256, REGISTRAP'S SIGNATURE
(VRA 15, 4)	WN	1. C. MARCH F/H INC. 1101 E. NORTH AVENUE DEC 0 2 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN ESTI-DEATH MATED Milbert Mavs 4 RACE & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1/27/10 DEAD 77 W 1987 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXIX FOREIGN COUNTRY MD USA WIDOWED [DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Hardware Proprietor Baltimore 2838 Huntington Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21211 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 2838 Huntingdon Ave., Balto. MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST William Theodore Sadie Mays B . Strevia 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Yes WW II E. Henry Stickel, 212 03 2017 Balto., MD 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO IT GE 3 SHOULD BE UTE DEPARTMENT OF 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 21201 STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection X Autopsy Notural couses Y Undetermined manner TITLE (SPECIFY) 11/2/87 EXAMINER'S NAME Golle, Jr, M.D. Penn St. Balto.MD. Mario F. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 11/3/87 Green Mount Cremation Balto 07/84 25M 25h REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR H.W. Jenkins & Sons Co. DHMH - 17 (VR A15 ME (5))



				STATE OF MARYLAND			
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is is			0-1 79	8 and that in (my) (our) opinion			
7. of		saw the deceased alive on above (1) (we) (did) (did nat) s	view the bady after death.				ATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Emma Sue 4 RACE 3 SEX S DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAYS IF UNDER LYEAR IE UNDER 24 HRS YEAR Can(as)an 7a. BIRTHPLACE 9. BALTIMORÉ CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED COUNTRY DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE Hos Laborer General ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE (13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP COD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE arrison In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-12-3528 Mr. Alfred J. McCartney 10 Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: PRESTON ST. IMMEDIATE CAUSE (o). DUE TO, OR-AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING GAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on, and that in [my] (our) opinion death occurred on the date and hour and from the causes stated above, (I) (well(did) (did not) 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN | DIRECTOR PHYSICIAL ORTANT 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) d b 1 Mon 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cedar Hill Cemetery Burial BP. Baltimore, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT 24 FUNERAL DIRECTOR E. Batapsco Ave. DHMH - 16 60M 7/B4 Homes Ralto. Md.21225 (VRA 15, 4) McCully Funeral

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE NOV 17 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 25 HOUR (TYPE OR PRINT) Eleanor McCarty A. 15 87 7:36 AM 5 DATE OF BIRTH IF UNDER 24 HRS 4. RACE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAY YEAR White Female 11 04 10 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland USA WIDOWED X DIVORCED [18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Union Memorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3919 Falls Road Baltimore 21211 Maryland YES TA NOF

14. FATHER'S NAME FIRST	WIDDIE	Kennedy	Aurelia	м	IDDLE	(unkr	nown)
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		1/1
No		214-01-5035	Beverly Kilmo	n 3609	Parkdale	e Ave.	21211
PART I. DEATH W.	AS CAUSED BY:	rlinefor (0), (b), and (c) Cardiac Arra	est		11	APPRC BETWEEN	XIMATE INTERVAL NONSET AND DEATH
Canditions, if any, gave rise to imm	which (b)_	OR AS A CONSEQUENCE OF	rupture ,	Oresu	ned		
underlying couse	lost. (c)	AUUTE M	1 I				
		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN			EN IN PART 1	10
190 DATE OF OPERAT	ION 19b. CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPS	IN CERTIF		S OF DEATH?
210. ACCIDENT WAS UNDER OR CONTRIBUTING C C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21¢ HOW INJURY OCCURRED			PART I OR PART 2)	но 🗌
21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE (AT HOME, S	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	ZII LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
saw the decease	(this hospital) ottended to do live on	19 8 7 . or	nd that in (my) (aur) apinion dec		n the date and hou	19 <u>67</u> 1 and from th	, that # (we) la e causes stated
22b. SIGNATURE	, (DEGREE	MEDICAL	57.455	72c. DAT	ESIGNED
27d PHYSICIAN'S NA		Jairs		DIRECTOR [STAFF	111	15/87

23¢ NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: A should be detached far use with the State Dept. of Heal

MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Item 18 shows any

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

11/18/87

23b. DATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

23d LOCATION
CITY OF TOWN
Baltimore

			STATE OF MARYLAND		
	FOR 1 - STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY		2156
73446 DEC-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	6 1 3 0
	(TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
poge 3	JUNE	Ε.	MCCLARY	11/20	0/87 11:25AM
71	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
ge 4	female	black	6 10 1931	56 YRS.	
Pod in Poor	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
deoth deoth	Md	USA	WIDOWED DIVORCED	BALTIMORE Ci	ty MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Marriott
	BALTIMORE CTTY		IAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	Corporation
212 hour be f	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS?	124 STREET ADDRESS / 718 CODE	T COT DOT GOT OIL
ND 24 h 24 h culd telled	Md	Balt	imore YES X NO	13e STREET ADDRESS / ZIP CODE 2902 Norfolk /	Avenue 21215
arthin strike	14 FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN NA		
MAI be all of the contract of	Cleveland	Mc Cl	ary Lucille	WIDDLE	LAST
xecutive and so gestion	160 WAS DECEASED EVER IN U.S. AR	F 11110 00 0 . TEG	SECURITY NO. 17 INFORMANT	ADDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death entering recorded within 24 hours or intending physician. Her this certificate has been signed by the offend of entering and completely filled in by as the burial-transit permit. Then please remove contrainers ages of d2 should be filled in by as the burial-transit permit. Then please remove contrainers ages of d2 should be filled in by as the burial-transmitted by the medical examiner must be filled in by a filled in by a strength of the property of	(YES, NO OR UNKNOWN) (IF YES, GIV	217-24	-7298 Patience Da	vis 2902 Norfolk	k AVENUE
SAL SAL	18 CAUSE OF DEATH (Enter an	nly ane cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. Xee	PART I. DEATH WAS CAUSE	E CAUSE (a) CArclia	c arrest		
ON P		DUE TO, OR AS A CONS			
RESTC deot attenument deotion, troum	Canditions, if any, which	((b) anoxi(1		11 days
the compression of the compressi	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	S VALUE OF THE	
s that the death edb by the attendance of the cremation, a or other traumatic	underlying cause last.		pulnonary arrest		11 days
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require require require require to but injury,	OTABETS MELLY 190 DATE OF OPERATION N/A 210. ACCIDENT WAS UNDERLYING	res, thepertis	sh concestive Heat Fai	by norbid obes	it
ow re	M 190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20'a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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PHYSIC ending this cer the burian defined or Iter	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	PERCE FARM ETC 1	CITY OR TOWN	COUNTY STATE
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3000	220.1 certify that (1) (this haspi	1 1 4 1 4	~ 7	, to Nov 20 , 1	9 57, that H (we) last
ATTENIE Spirol CTOR: I for us of Hea		at) view the body after death.	19 87 , and that in (my) (our) opinion	death accurred on the date and haur	ond fram the causes stated
OR A DIRECTOR A Dept.	22b. SIGNATURE		DEGREE	WEDICAL STAFF	220 DATE SIGNED
SPITAL O SPITAL O MERAL D be defoct e State D TANT: If I	Hatter He	14	MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	11/20/87
HOSPITAL med by the FUNERAL uld be defined to the Stote ORTANT:	224 PHYSICIAN'S NAME (TYPE C	OR PH I	22e ADDRESS	HEALTH STATE	
TO HOSPITAL OR A Sectioned by the hos TO FUNERAL DIRECT should be detoched with the State Dept.	Patricia Ke	1/9	Chilos Marinic	Hospital	
7 € £ # 3 ₹	230. BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY NATE
BP	Burial	11/28/87	Woodlawn Cemetery	Baltimore	IMIG
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	11 Mast 4200 ADD	RESS 29 DA	TE REC'D BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	Wm. March F/	H West 4300	Wabash Avenue	0 0110012	1

	1 -	STATE REGISTRAR			HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	3 2 1 5
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1 o o o		RTHPLACE (STATE OR FOREIGN COUNTRY) Md	76. CITIZEN OF WHAT	MARRI	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
fune thin	in ci	TY OR TOWN OF DEATH		WIDOW	DIVORCED X	Baltimore ci	12b. KIND OF BUSINES
by the		Baltimore	T839 W.	North Aver	ue	(TYPE OF WORK FOR MOST OF WORKIN	
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2 2 2 5 0		Yes		5-30-2529	Edna McCo	y Grasity 4007	Relle Ave
9 ph		18 CAUSE OF DEATH (Enter on	ly one cause per line fo	or (a), (b), and (c)	Λ	2 -/ 2	APPROXIMATE INTERV BETWEEN ONSET AND D
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by the		couse (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	U	U	0
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equires n signe Then p r to bur injury.	Z	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
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OR e ho DIRE Depi		22b. SIGNATURE	1 1	1 10	DEGREE ATTENDING	AMEDICAL STAFF	22t. DATE SIGNED
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to Hospital etoined by to TO FUNERAL should be det with the State IMPORTANT:		226. PHYSICIAN'S NAME (TYPE O	R PRINT)		3100 Too	wanda Are	21215
0 a 5 4 3 8		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	234 LOCATION	
BP	1	Cremation	11/9/87	Westview	Memorial Park	Catonsville	Md
	24 FI	UNERAL DIRECTOR			25000A		
DHMH - 16 60M 7/B4 (VRA 15, 4)		Wm. C. March F/H V	Vest 4300 Wab	ash Avenue	עטא	10 1001 Amin	STRAR'S SIGNATURE

STATE OF MARYLAND

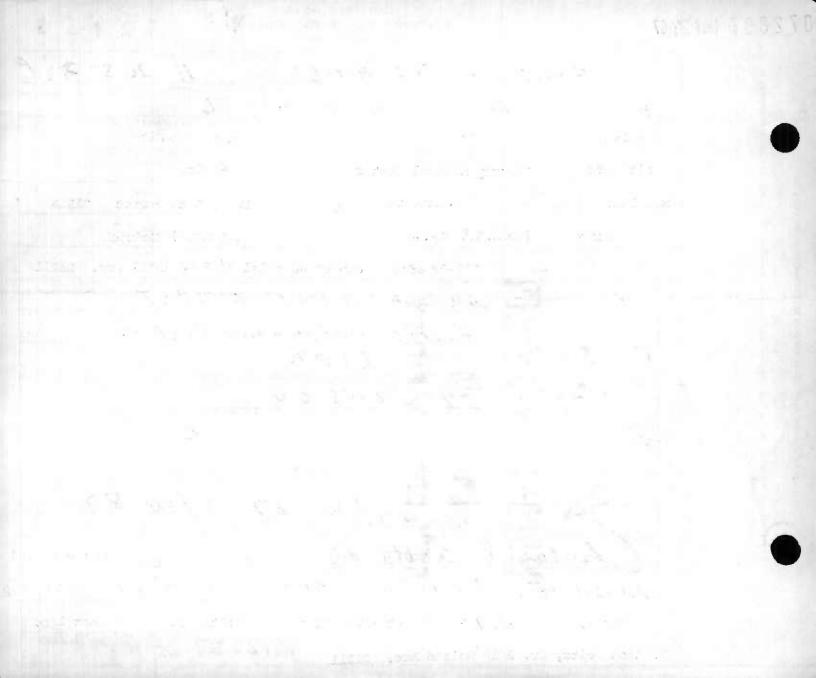
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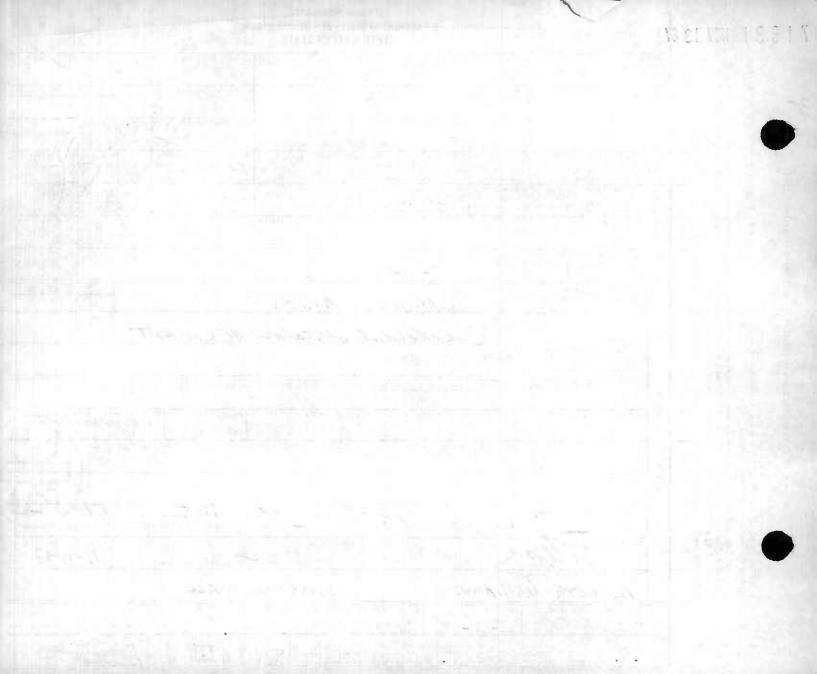
24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3818 Roland Ave.

DHMH - 16 60M 7/84

(VRA 15, 4)





	1			STAT	E OF MARYLAND			
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7	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS
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#		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for (o)	, (b), and (c).)			APPRO BETWEE	NIMATE INTERVAL
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00	Š	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	ES OF DEATH?
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	23a B	IRIAL, CREMATION, REMOVA	AL 236 DATE	23 NAME OF	EMETERY OR CREMATORY	23d LOCATION	, county	n.C.
	1	Iklal	14/87	Coman	uel Center	1 Ct. 1 831	1130Km	MARI
1	M F	INERAL DIRECTOR	14 - 14	DORES R. L.	2/8 210 250 DAM	E REC'D. BY REGISTRAR	PEGISHAR'S SIGN	ATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME OSEPU IETINOSP 2 L MOS 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX S DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED WIDOWED DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13a STATE 113b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 14 FATHER'S NAME MIDDLE FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting DUF TO OR AS A CONSEQUENCE OF underlying cause last. CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE JESMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES [Hygier 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol LIF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ö CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from . that (I) (we) lost sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF be deto e Stote DIRECTOR PHYSICIAN PHYSICIAN THE PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRE should be MPORT 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE DUNIA 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

17 13 12 million Steepen 194 18 2 87 M210 STACK M24 29 31 SE Nd. I.S.A. Batimone Ciex Bakinoone Sinai Hospital managen Guranwaux My Esteiners uns Erwerts Ave. 21221 Consistand No Phonson Frederica Parker Towers Ave.

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(VRA 15, 4)

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STATE OF MARYLAND



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			E OF MARYLAND		
[1558 NOV 1	167 FOR STATE REGISTRAR		FICATE OF DEATH	REG. NO.	2 1 5 4
12.5	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be	POBER	T & MELLOT	TSV.	11	8 87 6:30HM
softer d	Sex Male	4. RACE 5. DATE	0F BIRTH 6-1-147 YEAR	G. MOE (H. IEIMONIA)	FUNDER LYEAR FUNDER 24 HRS
Podire	70. BIRTHPLACE (STATE OR FOREIGN MARYLAND	76. CITIZEN OF WHAT COUNTRY? B. MARRIE WIDOW	DISTRICT DIVORCED	Baltimore City or County Baltimore Ci	
3/	Baltimore	11. NAME OF HOSPITAL, NURSING HOME IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Francis Scott Key	Hospita1	12a USUAL OCCUPATION LUPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
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physicia papers papers	PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), and (c).) SED BY: ATE CAUSE (a) Remain Failure,	Pialetes Melilus	Stone	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Oy, 201 W. PRESTON Ules that the death c signed by the ottendin the please remove cort for please remove cort for please remove cort for please remove		(b) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION GIV	EN IN PART Ira
has been been been been been been been bee	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION	DN WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
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A /4	ol.	The		18 CAUSE OF DEATH (Enter	only one couse per line for (a),	, (b), and (c).1		, 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 1	carbanpope , or remavol.	ridomonic event, in		PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)	dioque	monusy 1	rrest		
S N	arbc or re	OTIC (DUE TO, OR AS A COM	NSEQUENCE OF				
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Pe d				gave rise to immediate cause (a), stating the	DUE TO, OR AS A COI	NSEQUENCE OF		10 190108		
¥ ¥	by sose	orner		underlying couse lost.	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The law requires that the death certifical: By executed within 24 hours obtain absolution.	n ple buric	ە خ		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 110
RDS	The Tre	2	CERTIFICATION							
9	rmrt.	ù)	CA	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI	RE FINDINGS USED CAUSES OF DEATH?
ALR The	ho ho	3	E	The sales of the				YES NOV	YES 🗌	NO 🗌
1 Z Z		200		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)
PO SICIA	certif urial-t	E d	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	DEATH	19				
SION O PHYSIC ending	Pis V V	5 /	ED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TO	wn c	OUNTY STATE
N O	ter that han	morked	>	AT WORK NOT WHILE						
2 2	R: Al	S HO			spital) attended the deceased	6 -11	19 8 7	10 11/19		that (1) (we) last
TTE	of jo	7		saw the deceased alive above, (1) (we) (did) (did	on	19 8 F1,0	nd that in (my) (aur) opinio	n death occurred on the de	ote and hour and	from the couses stoted
O S O O O O O O O O O O O O O O O O O O	DIRE	E E		27h SIGNATURE			DEGREE	MEDICAL STA		224. DATE SIGNED
A P	ERAL C	±	1	Sylver	19 MD		ATTENDING PHYSICIAN	MEDICAL STA	IANZ	1111918 F
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5 5	£ 5 3 .	2	23a. l	URIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1.01	JNTY STATE
В	Р	_		BURIAL	NOV.20,1987	HEBREW	YOUNG MEN	BALTIMOR		MARYLAND
DHAA	H - 16 60M	7/B4	24 F		LEVINSON & BR	OS., INC	25a. D	ATE REC'D. BY REGISTRAR	256 REGISTRAR	SIGNATURE
	(VRA 15, 4)		0	OLO REISTERSTY		DDITE 30	21215 N	OV 25 1981	U	

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGI

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	RIGISTRAR				CERTIF	ICATE OF DEATH	RE	G, NO.	J 64		0 0
1 DEC	CEASED NAME	FIRST JO	HN ^	R.	11	AST METTEE	20. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
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3. SE)	(1. 1	(RACE	12	5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER	1 YEAR	IF UNDER 24 HRS
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Ma	ryland		U.S.	Α.	MARRIE		Baltimo	re City	7		MD.
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1	Balto	. // 3	toma	'S SCOH	1 4.	Medical (tr.	Clerk Clerk	WOSI OF WORKING	0.5	S.Po	st Offic
USU/	AL RESIDENCE INF NURS	ING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	136 INSIDE CITY LIMITS?	122 STREET ADDI	DESS / 7ID CC	NO.E		
	ryland	Baltim	ore	North	Point	YES NO X	7973 S	t. Moni	ica Di	r.	21222
14 F)4	THER'S NAME		DLE	LAST		15 MOTHER'S MAIDEN NA					
Mi	1ton		nry	Mette	e	Laura	Vi	rginia	7	Гуďі	ngs
	VAS DECEASED EVER			16b. SOCIAL SE	CURITY NO.	17 INFORMANT	,	ADDRESS			
No	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	213-01	-2076	Robert F. N	Mettee -	30 Cava	an Dr.	. 2	1093
	18 CAUSE OF DEAT	H (Enter only	ane couse per	line for (o), (b).	and ici.i	4			Bf	APPROXIA	MATE INTERVAL
	PART I. DEATH W	AS CAUSED E		Caro	10 Dul	munter	Inrest.				
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	gave rise to imr	nediate) (0)	, Carro		i					
	underlying couse		DUE TO, OF	AS A CONSE	Shicom	no beam	uti				
	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING 1	77.75.77	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION (GIVEN IN P	ART 10	
8	SIP MI	- Chr	me		-	V					
CERTIFICATION	190 DATE OF OPERA			TION FOR WH	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY	? 20b. IF	YES, WERE	FINDIN	IGS USED OF DEATH?
Ħ							YES NO		YES [AUSES	NO [
8	210. ACCIDENT WAS UNI		21b. TIME O		DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	IB PART 1 OR F	PART 2)	
	OR CONTRIBUTING []		HOUR A.	M. MONTH	DAY YEAR						
MEDICAL	214 INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION	CIT	y OR TOWN	COU	INTY	STATE
×	NOT WE AT WO	HILE	(AT HOME, STR	EET, FACTORY OFF	CE, FARM, ETC)	ZIKEEI	CII	, ON TOWN			DIGIE
	22a.1 certify that (1)) ottended the	e deceased fra	m	. 19	, to		. 19		that (II (we) lost
	sow the deceos obave, (1) (we) (ed olive on	Second Section 1	19	, 0	nd that in (my) (our) opinion	deoth occurred an	the date and h	hour and fr	om the c	causes stated
	22b SIGNATURE	aia) (aia nat) V	view the bady	offer death.	40.704	DEGREE			291	DATES	SIGNED
		MU	Wan	9/		ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF HYSICIAN ID		111-	25/87
1	224 PHYSICIAN'S N.	AME (TYPE OR P	RINT	1		22e ADDRESS	J OINCECTOR (L.)	THOICHA!		11	
	1	042	onle 1	/		FSKM	C .		Balto	. M	ſd.
71a 1	URIAL CREMATION,	REMOVAL	23b. DATE	12	3r NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO			,	
	rial	KEMOVAL	11-30			thedral Cem.	Balto	WN	COUNT	Υ	Md.
	UNERAL DIRECTOR		11-00		York		TE REC'D. BY REGIS		ISLEAR'S S	KINN	REP. 40
	NAME	Funera	1 Home	ADDRES	c	, Md.21204 NO	V30 109	Julie	Davido	2	Made
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		OR		DCD 4 OT		E OF MARYLAND EALTH AND MENTAL HY	NEME) V	2 1	6 8
77710 40400	- S	TATE EGISTRAR		DEFARI		ICATE OF DEATH	REG. NO.	de l	9 9
1 / Z / I R NU		ASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	R 26 HOUR
noy be poge 3	(TYPE OR	MARIE	E	KATHERI	NE	METZ	11	17 87	11:50Pm
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Po dir	7a. BIRTH	HPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH	
death. Page uneral direct hin 72 hours	600	Maryland	USA		WIDOWE		BAltimore	city	MD.
- + TO	IO. CITY	OR TOWN OF DEATH		HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KINE	D OF BUSINESS OR
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21201 hours of d in by	USUAL F	RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		
AND 2 24 h 24 h ould t	N	Maryland -		Baltim		YES X NO	4900 Parkton	Court,	21229
within within pletely f	14. FATH	ER'S NAME		1.57		15. MOTHER'S MAIDEN NA	WE		
MAR ed w		John	MIDDLE	Metz		Anna	MIDDLE		liamson
ORE, M.		DECEASED EVER IN U.S. A		166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	773535	<u> </u>
BALTIMORE, MARYLAND cote be executed within 24 spers. Poges and 2 should vol. t, the medical examiner mus		OORUNKNOWN) (IF YES, G	IVE WAR OR DATES)	212-10-	6759	Michael Hard	dy, 226 Meadow	Road	
ALTI re b re b re b	112	CAUSE OF DEATH (Enter o	inly one cause ne			THE STATE OF THE S	ij 220 Headow		ROXIMATE INTERVAL EEN ONSET AND DEATH
4 4 9 9 9		PART I. DEATH WAS CAUS	ED BY:	CARDO		CULA CAR	DIAC ARREST	11000	UTE
N SI		IMMEDIA	ATE CAUSE (a)					77.60	
STO rend on, o		Conditions, if any, which	DUE TO, O	r as a consequ	JENCE OF				
20) W. PRESTON ST	9	gove rise to immediate ause (a), stating the	(0)						
by the		inderlying cause last	DUE 10, 0	r as a consequ	JENCE OF				
20 20 20 20 20 20 20 20 20 20 20 20 20 2	P	ART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART	[](a
signing to b		EMPHYSE	_				THE BIOLING ON CONTONION		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig os the burial-transit permit. The R th and Mental Hygiene prior to B orked or frem 18 shows any injury	CERTIFICATION	DATE OF OPERATION	196 COND	ITION FOR WHICE	OPERATIO	N WAS PERFORMED	20e AUTOPSY? 206. I	IF YES, WERE FIN	IDINGS USED
TALRE to icion. The los icion. The hos shaws to shows to	푎						YES IN NO PORT IN C	ERTIFYING CAUS	SES OF DEATH?
VITAL VITAL AN: The hysicion in icote hysicionsit pronsit pronsit pronsit proposed 18 show	W 21	0. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITE	board	
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DIVISION C ING PHYSIC r ottending After this ce os the buric ith and Men narked or the	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
DIN or of the oofth		a. I certify that (I) (This house	utal) attended th	e deceased from	1	13 1084	- to 11/77	1987	that (I) (New last
TEN from Party of He		sow the deceased alive a abave, (1) (300) (310) (did n			87 .0	nd that in (my) (out) apinian	death accurred on the date and		
REC Feed from Seed from Seem Seem Seem Seem Seem Seem Seem Se	77	b. SIGNATURE	at) view the body	after death.		DEGREE			ATE SIGNED
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PITA by by Store day	22	M. PHYSICIAN'S NAME ITYPE				22e ADDRESS	J DIRECTOR (THI SICIAL E	1//	
TO HOSPITAL etoined by the TO FUNERAL should be determined from with the Store		Walter Alt				301 Marydel	1 Dood		
TO He should with HO		RIAL, CREMATION, REMOVA	L 23b. DATE	73,	NAME OF C	EMETERY OR CREMATORY	173d LOCATION		
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	74 FUN	ERAL DIRECTOR	1 11/20	/0/		229 250. DA	TE REC'D. BY REGISTRAR 256. BE		
DHMH - 16 50M 1/B1 (VRA 15, 4)		NAME	Hams T	ADDRESS		Tie	W 20 1007 A	dia Devidor	m. Kondall
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(VRA 15, 4)

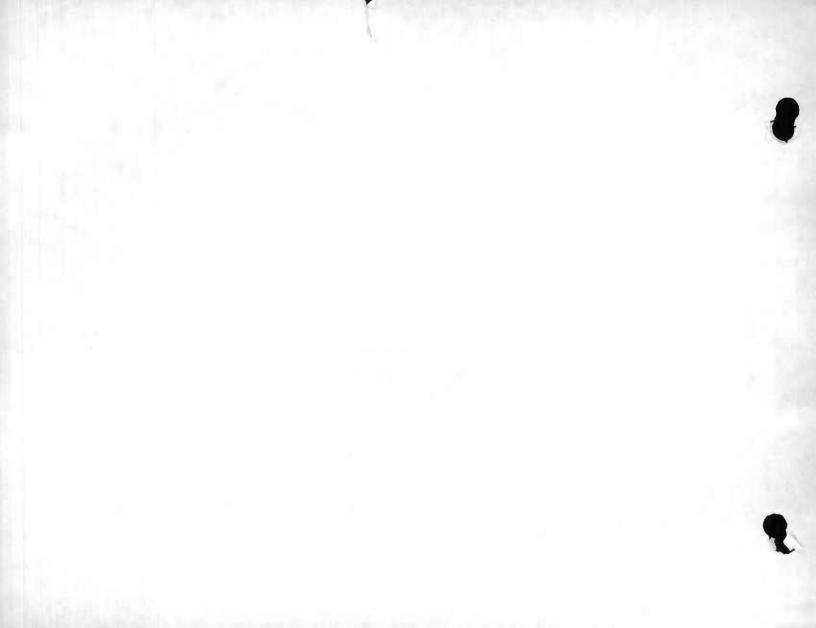
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. DECEASED NAME 20 DATE KNOWN TX MONTH ESTI-IECESSARY, PLEASE INTERAL DIRECTOR O FOUR FILES. WITHIN 72 HOURS Timothy Charles 11-20-87 Michals DEATH MATED 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1987 Male White Sept. 27 DEAD 48 39 TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland Baltimore City USA DIVORCED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Baltimore Saint Adnes Hospital OR INDUSTRY Used Car Dealer Car Sales SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY FIMITS? 13e STREET ADDRESS Maryland Anne Arundel Glen Burnie 133 Warwickshire Lane, 21061 A-FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE William Hilda Michals Merson 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 218-48-4780 Linda Michals, 133 Warwickshire Lane 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CRRTIFICATE, WRITING THE WORD, "PENDING". IN PENCIL IN ITEM 18 ROSE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 1 POF FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Hypertensive and Arteriosclerotic cardiovascular IMMEDIATE CAUSE (0) 114 DOLL COLLEGE AND C Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF **DIVISION OF VITAL RECORDS, 201** lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy Inspection Inquiry ond in my opinion Homicide Undetermined manner Chief ACTUAL 11-21-87 DATE SIGNATURE MEDICAL EXAMINER EXAMINER' E. Smialek, M.D. John 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Baltimore Maryland 11/24/87 Loudon Park Cemetery Burial 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VR A15 ME (5))

STATE OF MARYLAND

0700	1			ATE OF MARYLAND		
073389 NOV 30	BY - STATE			F HEALTH AND MENTAL HY	GIENE 8	2172
	REGISTRAR				REG. NO.	
• w£	1. DECEASED NAME (TYPE OR PRINT)	FIRST N	NDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
O 0 O	Robert	David Midd]	Leton		11-19-87	112:22
may r, pag	3. SEX	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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a Plain	To. BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN OF V	WHAT COUNTRY? 8.	RIED NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH
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	IO. CITY OR TOWN OF DE		OSPITAL, NURSING HOP	NE OR OTHER INSTITUTION	12n. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR ING LIFE) INDUSTRY
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Siz pont	USUAL RESIDENCE (# NUR 130. STATE	ING HOME OF OTHER INSTITUTION			13e. STREET ADDRESS	11/79
ND 24 h	Md	Montgomery	Gaithersh		6300 Damasc	us Road
within within d 2 sho	14. FATHER'S NAME			B MOTHER'S MAIDEN N	AME	
d w	T.	Blair Mi	iddleton	Mary	Virginia	Groves
E, MA	160. WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY N		ADDRESS	GIOVES
MOR x MOR	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	579587353	Vrietin Wei	he Middleton (W	life) same as # 13
E 2 3 4		H (Enter only one couse per		TRITSCIN WEI	, Vent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and the state of t	PART I. DEATH V	VAS CAUSED BY:	0 1	nest - PROBABI		MINUTOS
ON S1		IMMEDIATE CAUSE (0)				
deat ove co	Canditions, if any	4	AS A CONSEQUENCE C	Dschemin	. Acote	MINUTES
. PREST:	gave rise to imi	mediate			,	
\$ 5 × 0 5 £	underlying couse		C DALLANDE	Athenoscher	rosis & ANGINA	2-34RS
S, 201 ' irres that gned b sn pleas burial, iry, ar o	PART 2. OTHER SIG	NIFICANT CONDITIONS CO	INTRIBUTING TO DEATH		MINAL DISEASE OR CONDITION	GIVEN IN PART 1(p)
RDS, 2 equires on signe Then prita buinjury,	& Huper	terrior -	Dinnetes	mellitus		
ECOR Deen rmit. I prior	190 DATE OF OPERA	TION 196. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? 206.	F YES, WERE FINDINGS USED
TALRE lo The lo cicion.	I O	10			YES NO NO	ERTIFYING CAUSES OF DEATH? YES NO NO
N OF VITA SICIAN: The ng physicic certificate urial-transit tental Hygie	NO LANGE OF OPERA 190 DATE OF OPERA 0 210. ACCIDENT WAS UN				IRRED (ENTER NATURE OF INJURY IN ITE.	M 18 PART 1 OR PART 2)
N OF VITA N OF VITA ng physici certificate urial-transi				AR 9		
ISION OF VI: PHYSICIAN: ending phys this certifica he burial-tran nd Mental Hy d or Item 18	OR CONTRIBUTING U	RED 218. PLACE (OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
VISION OF PARTIES OF THE CONTRACT OF THE CONTR	WHITE NOT W	HILE	EET, FACTORY, OFFICE, FARM, ETC) STREET	CHYORIOWN	7 STATE
DIVISI DING Pi or otter Affer th se as the calth and marked		(this hospital) attended the	e deceased from	11-3 1978		, 19 , that (I) (we) last
ATTENDING aspirel or other control of other control of other street or other control of other control or oth	sow the deceos	ed alive on 9	- 30 1987	, and that in (my) (eer) apinio	n death occurred on the date and	d hour and from the causes stated
OR AT DIRECTOR Docked for Dept. of Hem 3	22b. SIGNATURE	did) (did not) view the body	offer death.	DEGREE		22c. DATE SIGNED
	1 lyc 9	Swerten	f- M.	O ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	11-19.87
HOSPITAL med by th FUNERAL uld be den to the Store	224. PHYSICIAN'S N	AME (TYPE OR PRINT)		22e ADDRESS		
	Kyle 4.	Swishen In		3455 WILK	lens Ave -BOLT	1mone, has 2/229
Of Of S	23a BURIAL, CREMATION	REMOVAL 23b. DATE	I 23c NAME	OF CEMETERY OR CREMATORY	234 LOCATION	
BP	(SPECIFY) Buria			ivet Cemetery	Washington, D	. C . STATE
	24 FUNERAL DIRECTOR	06	14/01		ATE REC'D. BY REGISTRAR 25b. RE	
DHMH - 16 50M 1/81 (VRA 15, 4)	De Vol Fund	ral Home 533	22 Wisc Ave	,NW Wash.DONOV	27 1007	Trinder Bardalle
	7		//100111/01	,	2 1 301	

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	1			ST	ATE OF MARYLAND			415	N/4 4
0 1101	1	FOR STATE PEGISTRAR			FHEALTH AND MENTAL HYC IFICATE OF DEATH	0 /	3	2 1	1 4
Z NOA		CEASED NAME FIRST	MIDDLE		LAST	RE 2a DATE OF DEA	G. NO. TH MONTH	DAY YEAR	2b HOUR
		JOS:	EPH A.		MILLER	NOVEME		1987	12:30r
	3 SE	Х	4 RACE		E OF BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		MALE	WHITE	AUG	GUST 28 1920	6.	7 YRS		
21		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARE	RIED NEVER MARRIED	9. BALTIMORE CI			
-	10.0	MD .	U.S.A		WED DIVORCED DIVORCED DIVORCED	BALT	IMORE		MD. OF BUSINESS OR
7	10.0	BALTIMORE	(IF NOT IN SUCH FACIL	ITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR A	OST OF WORKING LIF	E) INDUSTRY	
	USU	AL RESIDENCE (IF NURSING HOME		IDEL AVE		RELAY	ESTER	BET	H. STEE
5	130	MD.	UNTY 13c. C	ALTIMORE	YES X NO [ESS / ZIP CODE	VE.	21206
7	14 1	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	A ID	DLE	LA	.51
Å	160	ANTHONY VAS DECEASED EVER IN U.S.		CLLER OCIAL SECURITY NO	BERTH.		DDRESS	HA	RTMAN
	7		GIVE WAR OR DATEST	20-14-477				SAME	ADDRES
		18 CAUSE OF DEATH (Enter	anly ane cause per line fo	ar (a), (b), and (c).				APPRO) BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
5		PART I. DEATH WAS CAU	ISED BY:	tastatic	non-small	cell lun	a canci		
		1000		CONSEQUENCE OF			7		
		Conditions, if ony, which	(1b)						
		gove rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF					
		underlying cause last.	(c)	CONSEQUENCE OF					
	-	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIV	EN IN PART 1	a
	ě	Hepatie	encepha	lopathy					
	TIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
2	CERTII	210. ACCIDENT WAS UNDERLYING		IDV	Tat. How himsy occur	YES NO	-	s 🗌	NO 🗌
2		OR CONTRIBUTING CAUSE OF	LUGUE A MA	MONTH DAY YEA	R 21c. HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18. P	ART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED	P.M. 21e. PLACE OF IN.	19	211 LOCATION				
	MEG	WHILE NOT WHILE AT WORK		CTORY, OFFICE FARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this ha	1 1		7/20/ 19 87	, to	10/27/	1987	, that (I) (we) last
		saw the deceased alive abave, (1) (we) (did) (did	nat) view the bady after (27/ 19 87	ond that in (my) (aur) apinion	death occurred on t	he date and hou	r and from the	causes stated
		22b. SIGNATURE			DEGREE	urbic	OTAGE 4	22c. DATE	SIGNED
×		U & claim	TVI)		MD ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF IYSICIAN 1	"/"	19/87
		226 PHYSICIAN'S NAME (TY			22e. ADDRESS			/ 1	B Wing
		DR. CHAND			UNIVERSIT			R.S.	Side
	23a	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOV		COUNTY	MD.
	24.5	BURIAL	11/21/87		TANISLAUS			i demonstration	ANGLE STATE
/84		Mimunek Fun	eral 3333 Balto	Brehms	Lane 25a DA1	TE REC'D. BY REC'S	KAR 256. REGIST	RARIS SIGNA	TURE
	ILIC	ome, Inc.	24200	2.	1213				

Schimuner Funeral Home, Inc.

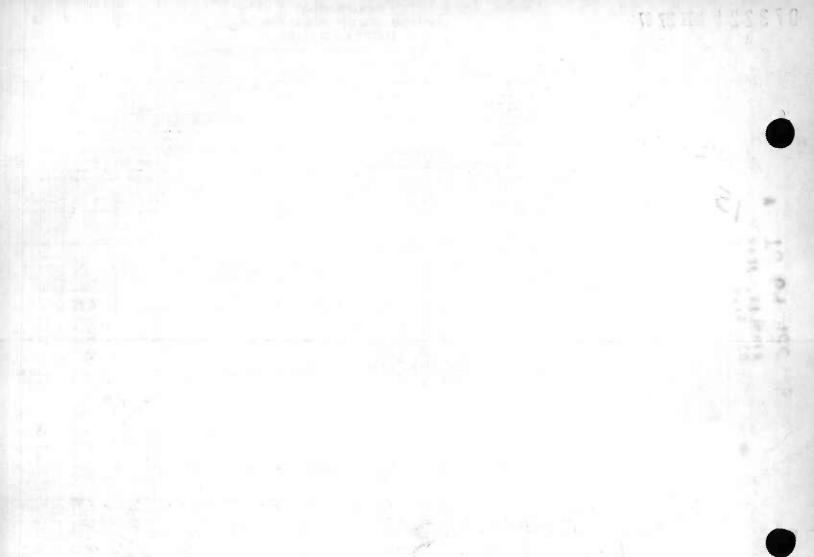
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME O DATE KNOWN ITSME OF PRINTS 11/ Miller DEATH MATED Wayne 4. RACE AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 1987 Male 7/20/59 Cauc. 28 YRS 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED XX FOREIGN COUNTRY! Maryland WIDOWED DIVORCED Baltimore City, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Francis Scott Key Medical Center Baltimore Security Guard Hospital USUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Maryland Baltimore 4608 Clareway, 21213 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William R Katherine A. Blickenstaff 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 6912 Broening Rd. 216-78-6279 Norma Andrews, Aunt, Balto, Md. 21222 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drug (Narcotic) Intoxication IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR 6/ 10 87 subject used drug CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INTURY THE LOCATION STREET, FACTORY, FARM, ETC.) 4600 Blk. Clareway, Baltimore City, Md. NOT WHILE AT WORK on street Autapsy X TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S Inspection Inquiry and in my apinion death esulted Undetermined manner TITLE (SPECIFY) ACTUAL Chief DATE 11/7/87 SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. 111 Penn St., Balto., Md. 21201 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Oaklawn Cemeterv Baltimore. 07/84DAM 24 FUNERAL DIRECTOR 3331 Brehms Lane **DHMH - 17** who Davidon (VR A15 ME (5)) SCHIMUNEK FUNERAL HOME, Balto, Md.



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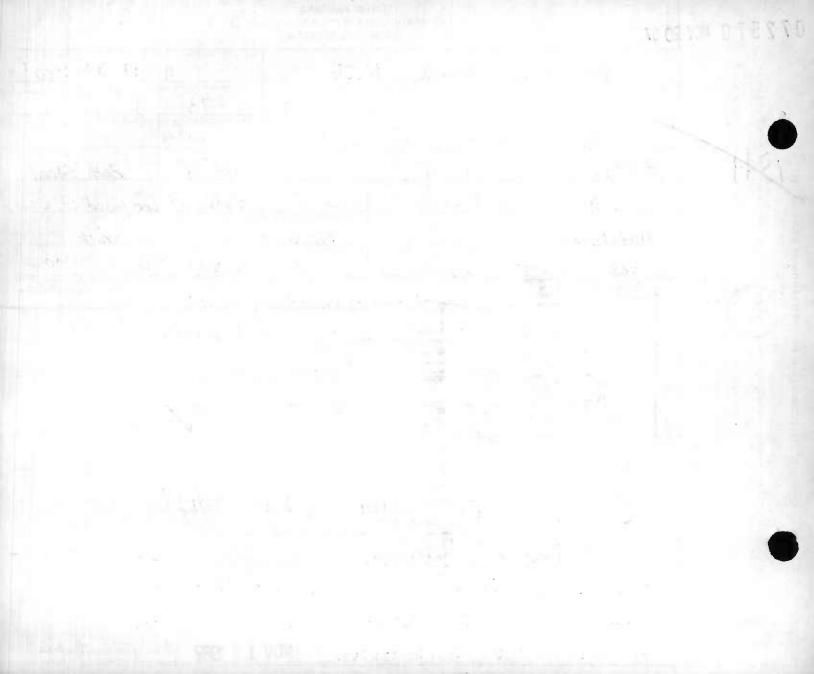
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 8 BY GISTRAR REG NO 20. DATE KNOWN (TYPE OR PRINT) OUR FILES. 172 HOURS ON STREET, DEATH MATED XX EMMA III B. MITTIS 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR SEX IF UNDER 24 HRS HOUR 0:30 2c. DATE 63 MONTH PRONOUNCED 24 1087 11-12 BLACK FEMALE DEAD a. M 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA VA. Baltimore City, WIDOWED TO DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Baltimore 538 N. Arlington Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13d INSIDE CITY LIMITS? 13b COUNTY 131 422 ARGYLE AVENUE NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLENKNOWN AARON BUMBRY 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 173-22-1033 PENNINGTON MILLS 1422 ARGYLE NO APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Blunt force injuries to head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. INER: THIS CALL WRITING THE VICE CHIEF WAS TO THE CHIEF WAS TO RECARD TO THE CHIEF WAS TO RECARD TO THE CHIEF WAS TO BURIAL OF HEALTH AND THE STAFF DEPARTMENT OF HEALTH AND THE STAFF DEPARTMENT OF HEALTH AND THE STAFF OF TO BURIAL, CREWAT PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY EST. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR subject was assaulted CONTRIBUTING CAUSE OF DEATH 11-12 19 87 21e PLACE OF INJURY TATHOME. 21f LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) AT WORK AT WORK XX 538 N. Arlington Avenue, Baltimore, Md. Home XX Inspection 220. I certify that I took charge of the remains described above, held an Inquiry and in my apinian Hamicide XX Undetermined manner Natural causes Accident Suicide TITLE (SPECIFY) ACTUAL Assistant DATE 11-12-87 SIGNATURE Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE MD. NAT'L MEM. 11/18/87 BURIAL LAUREL MD. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** WM. C. MARCH F/H 1101 E NORTH AVENUE Julia Davidson Pandace (VR A15 ME (5))

	11	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 8	074	/ 0
		CEASED NAME FIRST E OR PRINT) JEAN	MIDDLE		NDL I N	20. DATE OF DEATH NOVEMB		
	3. SE	X MALE	4 RACE CAUCASIAN	S. DATE C	DF BIRTH LY 294,1910 AR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YI MONTHS DA	
1	/	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	_	R COUNTY OF DEATH	
abalitada		ITY OR TOWN OF DEATH BALTIMORE	11 NAME OF HOSPITA	L, NURSING HOME O		128. USUAL OCCUPATE (TYPE OF WORK FOR MOST O REAL ESTAT		ND OF BUSINESS O
3	13e.	AL RESIDENCE IN NURSING HOME STATE 36. CO RYLAND MON	OR OTHER INSTITUTION, GIVE RESID UNITY 13c. CITY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	TREETOP RO	
57	1	ATHER'S NAME FIRST ILIP	MIDDLE F.	LAST ELDMAN	15. MOTHER'S MAIDEN NA FIRST ROSE	WIDDIE	much h	LAST
the medico			GIVE WAR OR DATES)	09 0299	17. INFORMANT PHILIPPA P		SI CAM COUR ISINGTON, M	
dry or other tr		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A C	eukemia			3	3 month
ony in	IFICATION	196 DATE OF OPERATION		OR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED ISES OF DEATH?
18 shows ony in	CAL CERTIFICATION		19b. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH? NO
morked or Item 18 shows any inju	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b. CONDITION FO	OR WHICH OPERATION ONTH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES YES IN TIEM 18 PART I ORPART	NDINGS USED ISES OF DEATH? NO (A)



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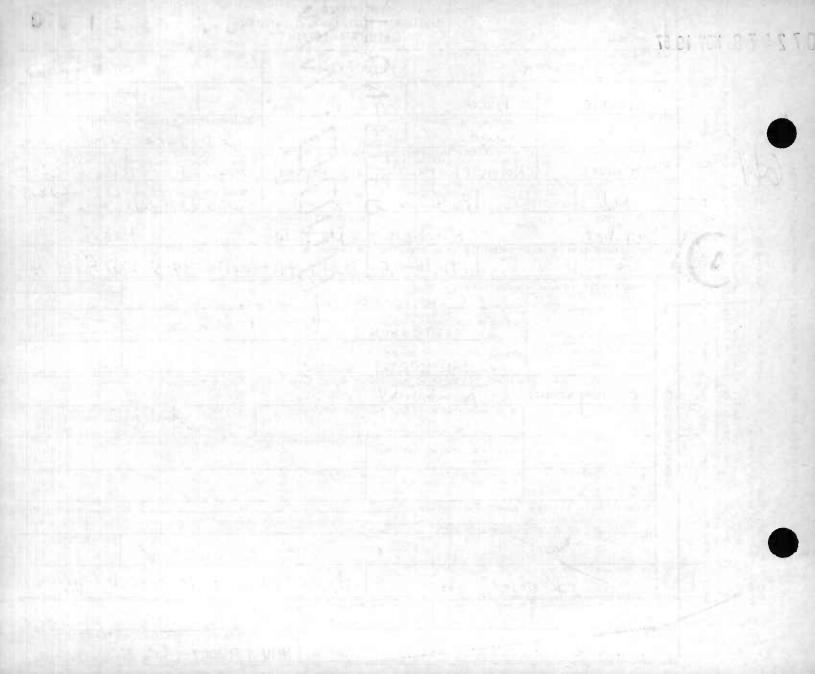
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JIZJIU NUV	KU	OSTATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 7 5	(146	HERKII	MER Arnold	MISE	1)	17 87 4:30 M
10 0 p	1.58		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7 5 5	1000	M	O V	MONTH DAY YEAR	7)	MONTHS DAYS HOURS MIN.
1 11	-	1071101 + 65	15 1	12 60 10	15 YI	
# 55 D2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NIT OF DEATH
		Va	USA	WIDOWED DIVORCED		MD.
1年十月一	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION (SET ADDRESS)	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKII	12b. KIND OF BUSINESS OR
5 X 1 4	4	Balto.	SINAI		Retired	Beth Steel
1 1 4	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEI		5? 13e STREET ADDRESS / ZIP C	ODE
名 2 11 16	1	USA	BATT		2406 NI. 1	on award St. 2121
AT TO THE TOTAL PROPERTY AND THE PROPERT	14. E.	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME	7,14,500, 57, 5107
THE PROPERTY OF		16 FIRST	MIDDLE	NINOR	MIDDLE	San H
N	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	/ ///	ADDRESS	Smilh
and bage		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	ASS H.	Harren M	D Sinailtoso.
E 5 64 1	-	Vas IVV	VII d16-10	1-0/58	12011	
A STORY		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b),	and ICUI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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dan ca and day and day			DUE TO, OR AS A CONSEC	DUENCE OF	7	
TS COM		Conditions, if any, which	(b) line	corcinana.	with ruetastas	ec
Man of the control of		gave rise to immediate couse (a), stating the	107			
¥ 10 44.0	1	underlying couse lost	DUE TO, OR AS A CONSEC	SUENCE OF LO POSSION		
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De part	Z	A A	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CONDITION	GIVEN IN PART III
0 1 1 1 1	-1 ≗	I a DATE OF OPERATION	TION CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
Sept by Sept b	FICATION	THE DATE OF OPERATION	198 CONDITION FOR WHI	CH OFERATION WAS PERFORMED	IN CE	ERTIFYING CAUSES OF DEATH?
4 4 5 4 5 6 4 M	E				YES NO W	YES NO
2 2 B 1 E 8	All Control	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
O No Fort	113	(IF EITHER NOTIFY MEDICAL EXAMINE	20111	19		
DIVISION OF VIT NG PHYSICIAN offending iphysic fire this certification on the basinolitymenth and Mendal Hysan th and Mendal Hysan orked or them 18 st	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION	crebe town y	COUNTY STATE
N Se preside	1 2	AT WORK AT WORK	TAT HOME, STREET PACTORY, OFF	CE, PARM EIG	.///	
B Z S S S S S S S S S S S S S S S S S S			oital) attended the deceased fra	m 19 19 19 19 19 19 19 19 19 19 19 19 19	- to 11111	19 8 C that it (we) last
型する 3 元 元		saw the deceased after or	1117 19		nian death occurred on the date and	hour and from the causes stated
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a a dog a		IN SIGNATURE	. (.11)	ATTENDIN	IG MEDICAL STAFF	11/12/67
E 3 586 5_	4	laine	rme J. Her	MY PHYSICIA	N DIRECTOR PHYSICIAN	11/1+18 F
HOSPITAL ned by the Funeral		226 PHYSICIAN'S NAME (TYPE		22e ADDRESS		
		LATHARINE	: S. HARRISO	on Sin	IAL HOSPITAL	- Balto. 21215
5 5 5 1 X	23e	BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	201
BP	1	(SPECIFY)	11/21/87	Arbutus Mem. Pk.	CITY OR TOWN	COUNTY STATE
DF	24 5	Burial	11/21/01		Arbutus N	GISTPAP'S SIGNIATURE
DHMH - 16 60M 7/B4	100	NAME	ADDRES	S 8.8		a Devider Pondale
(VRA 15, 4)		Wm C March F/	H West 4300	Wabash Ave. N	OV 19 1987 July	a Present V. Vertramen



(VRA 15, 4)

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2476 NOV 19	1 87	FOR STATE REGISTRAR		STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	2 1 3 2
# 60 de	1. DE	CEASED NAME FIRST SYLVEST	MIDDLE	Mitchell	20. DATE OF DEATH MONTH	15 87 25 HOUR
ge 4 mo	3. SE	* male	1. RACE Black	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER LYEAR FUNDER 24 HRS.
1 4 de 47		IRTHPLACE (STATE OR FOREIGN COUNTRY) GA	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	13altimore	1
6	P	altimore	North Char	es General Hospita	(TYPEO) WORK FOR MOST OF WORKING	176. KIND OF BUSINESS OR INDUSTRY U. S Publication Health Hospital
24 had		AL RESIDENCE (IF NURSING HOME O	NTY 132 CITY OR T		0~ - 1111	1 Ave 21215
	14. F.	SCRIDES	MIDDLE M: LAST	hell Hatli	lda MIDDLE	Mae LAST
2		WAS DECE ASED EVER IN U.S. AI YES, NO OR LINKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIALS VE WAR OR DATES) 171-1	6-9490 Dolly A	11tchell 3715	Dolfield Are
physicio o pappicio o pappicio o pappicio		PART I. DEATH WAS CAUS	nly ane couse per line for (a), (b ED BY: TE CAUSE (a)	cinoma el L	unel	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attending Se remarks carbo A cremation, or to other traumatics	4	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF	U	
quires that signed by hen please to buriol, c	NO.		CONDITIONS CONTRIBUTING		TERMINAL DISEASE OR CONDITION GI	VEN IN PART 11a
ne low re-	CERTIFICATION	190. DATE OF OPERATION	Denie	ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
NG PHYSICIAN: The attending physicic of the this certificate as the buriotransit th and Mental Hygin orked or them 18 six		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DING PHYSIC ar attending After this cert e as the burial oith and Menti morked or hen	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	211 LOCATION	CITY OR TO WN	COUNTY STATE
R ATTENDIN hospital ar RECTOR. Af red for use a spt. of Health		22a. I certify that (I) (this hasp	nital) attended the deceased from1 at) view the bady after death.		, to, inian death accurred an the dote and ho	, 19, that (I) (we) last our and from the causes stated
OR he h		22b SIGNATURE	_	DEGREE ATTENDI PHYSICI		22c. DATE SIGNED
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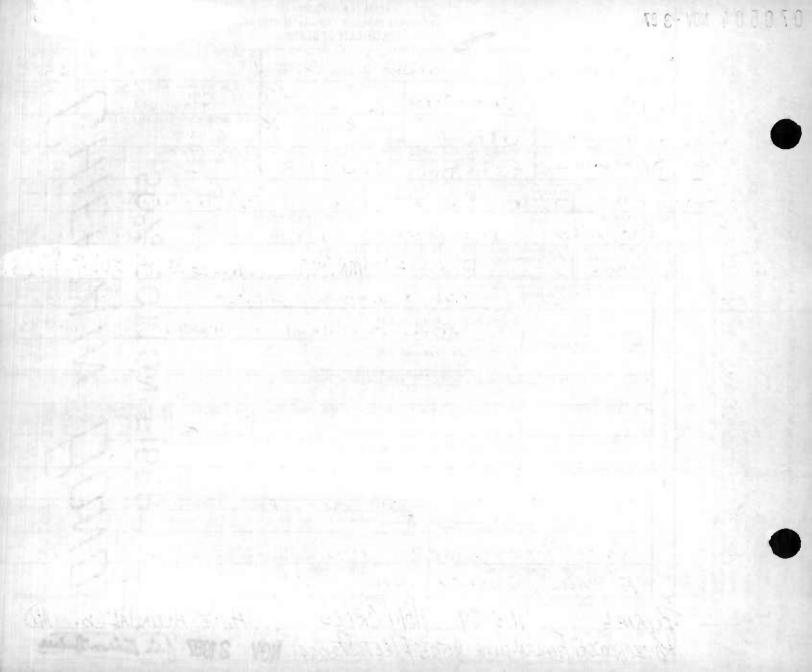


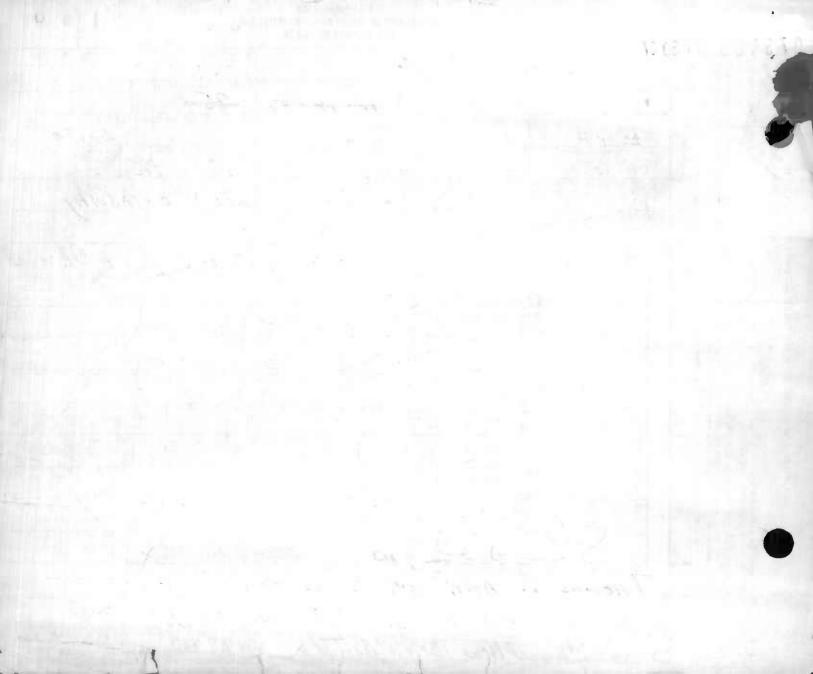
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME O DATE KNOWN IX MONTH TYPE OR PRINT! ESTI-George Montgomery DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR 4 RACE IF UNDER 24 HRS S. DATE OF BIRTH 2c DATE 2d HOUR LAST BIRTHDAYL PRONOLINCED Male Black DEAD Oct.31. 1920 67YRS O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, S.C. U.S.A. WIDOWED & DIVORCED IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Sinai Hospital Retired -Steel UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 21215 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS **BAltimore** NO [3336 ST. Ambrose Ave. A FATHER'S NAME 15. MOTHER'S MAIDEN NAME George Montgomery. Bethenay Stucky Frederick , Md 21701 0---- 249-24-0949 Ray Hill 7801 River Run Ct.

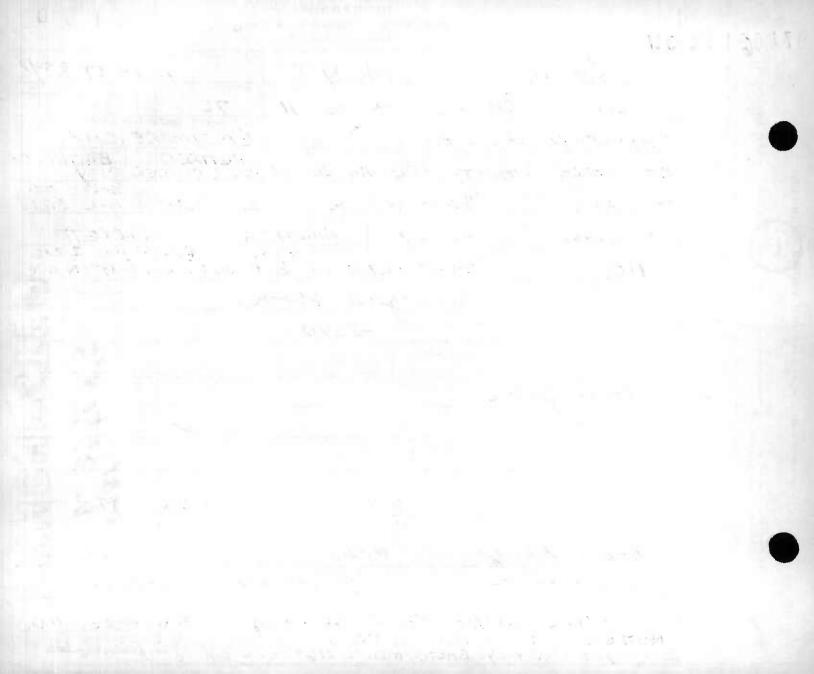
18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c), Hypothermia Complicating Selzure

APPRIL

APPRI Disorder and Chronic Alcoholism DUE TO, OR AS A CONSEQUENCE OF Conditions if may which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, HEAD ONLY 21a FXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 11/19/19 87 CONTRIBUTING CAUSE OF DEATH subject exposed to cold 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALIJMORE, MARYLAYD, 21201 P WHILE AT WORK bottom stairway at 4506 Park Heights Ave., Balto. City, Md. Autopsy X 220 I certify that I tack charge of the remains described above, held an Inspection and in my apinian Natural causes Undetermined manner Whilesistant MEDICAL EXAMINER 11/20/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 11/23/87 BAltimore Cemetery BAltimore, Md 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Law Funeral HOme 4611 Park HEights Ave. (VR A15 ME (5))

NOV 24 1987 / - Action Column

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072637 NOV 2 D 167 STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 1. DECEASED NAME 150 (TYPE OR PRINT) 9700M & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3 SEX male YEAR caus 38 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA DIVORCED I DELAWARE WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY AUTO SALESMAN AUTOMOBILE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE R.D. 2 BOX 103-A 19950 KENT GREENWOOD DELAWARE NO X YES [15 MOTHER'S MAIDEN NAME EATHER'S NAME MIDDLE (UNKNOWN) MABLE CHARLES H. MOCRE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 110B MECHANIC ST. HEYES GIVE WAR OR DATES! 221-24-1163 HARRINGTON. DE 19952 DEBRA MOCRE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carriac DUE TO, OR AS A CONSEQUENCE OF 30min Let Dimost 101 Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERBORMED IN CERTIFYING CAUSES OF DEATH? gereblaninguer 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE LAT HOME STREET, FACTORY OFFICE FARM ETC | NOT WHILE 22a.1 certify that (1) Whis haspital attended the deceased from saw the deceased alive on above. Diver did did not) view the bady after death and that in (my) four opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Last-10colf Cincolas 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL DELAWARE HARRINGT ON 11-10-87 HOLLYWOOD CEMETERY 50 COMMERCE ST. ulia Dividern Randors - 16 60M 7/B/ HARRINGTON, DE 19952 (VRA 15. 4)

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2	14 7	THER'S NAME			15 MOTHER'S MAIDEN	VAME			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may all or attending physician.	R. After this certificate has been signed by the attending physician and complicitly filled in by the funeral director page use as the burial-transit permit. Then please remove corbon pages. Pages I land 2 though the little with 12 hours after the hand Mental Hyaiene briant to burial, cremation, or removal.
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			ly one couse per line for (a), (b), on	d (c).)	1 0	0 0 4 4 4	-	APPROXIMATE INT	ERVAL ID DEATH
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		sow the deceased alive an		, and that in (my) ((our) opinion o	death accurred on the de	ate and hour or		
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State Anatomy Board

24 FUNERAL DIRECTOR

Balto., Md.

REGISTRAR 256 REGISTRAR'S SIGNATURE

Bally 7 Land Co.

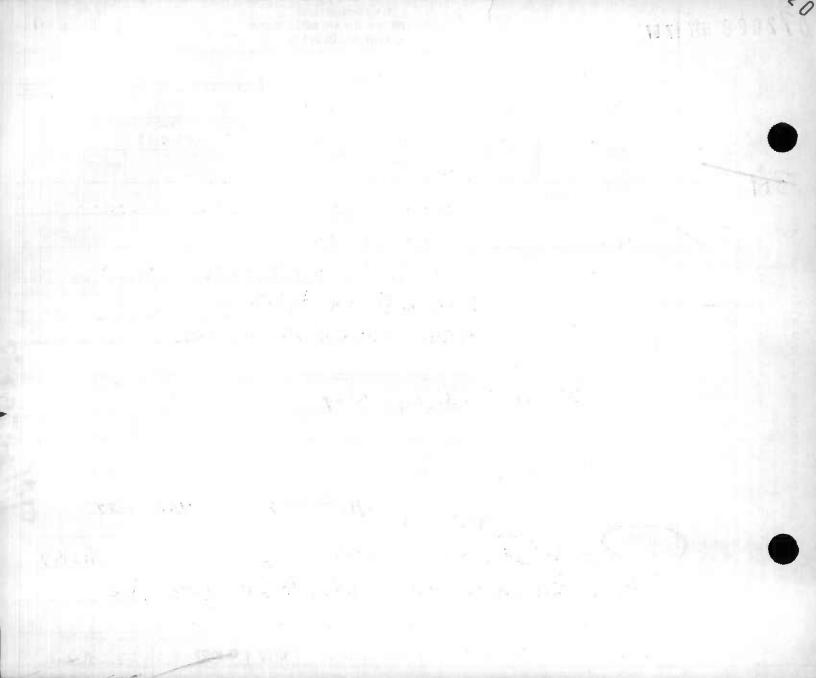
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674 NOV 2	6	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.					
poge 3		CEASED NAME FIRST A	rthur xxx W.	Murris Murris	20. DATE OF DEATH		26 HOUR 2)20 AN	
offic.	3. SE	[×] Male	4. RACE W Kete	5. DATE OF BIRTH MONTH DAY YEAR JAN 24, 1912	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	
n 72 hours		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? I NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY O Baltmure Ci	OR COUNTY OF DEATH	,	
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nould be file	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		er Avenue 212		
ood 2 sh	14. F/	Ernest	MIDDLE Marris	MOTHER'S MAIDEN NA		Jackson		
Peges		VAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (FILES OF	RMED FORCES? 166. SOCIAL SE NE WASOR DATES) 212-14-		rris 3716 F	oster Ave. 21	224	
ng physicion bonpopers. r removol ic event, the		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), ED BY: ATE CAUSE (a) RAMMATAM	1		APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH	
a by the attendation of cremotion, or other troumati		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF THE TO, OR AS A CONSECUTION OF THE TORSE OF T	my sepsis, renal failu	u	~24 h	ms	
fhen p to bur njury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110		
entol Hygiene prior them 18 shaws ony i	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	GS USED OF DEATH?	
Hyg 18 sh		21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)		
e os the burrol- aith and Mento marked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE	
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FUNERAL DIRECTION of the State Dept. ORTANT: If Hem.		SCATT M. Hamilt	M M)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF 11/14/8	IGNED	
hould be with the	22- 5	Scott M. Hamil	tm, MD		laryland Hospi	ibil		
		(SPECIFY) Burial	1 236. DATE 23	Maryland Veterans	Garrison	, Balto Co. M	d. STATE	
IMH - 16 50M 1/81 (VRA 15, 4)	24 FU	ineral director ranges S. Zeile			TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATU Julia Dendon-K		

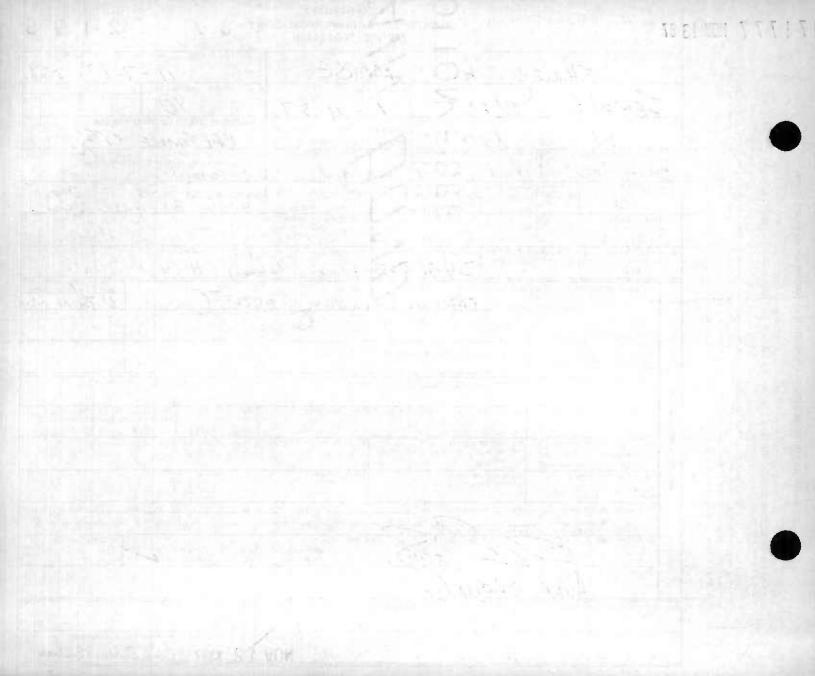
STATE OF MAKIEMAD

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72068 NOV	7 8 TOR REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 / REG. NO.	2 1 9 4
	1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
noy be poge 3	Edgar	L.	Morris	11 1:	1 1987 M
2 . 0	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ge 4	male	black	10 28 1946	41 YRS	DATS HOURS MIN.
2 hours	70. BIRTHPLACE (STATE OF FOREIGN	THE CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR E) INDUSTRY
\$20 B	Baltimore	4546 N. Rogers		Unemployed	
D 4 B B B	USUAL RESIDENCE (IF NURSING HOME COLING)	NTY 134. CITY OR TOW	VN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
AND in 24 min 24	Md C	Baltimo		4546 N. Rogers	Avenue 21215
within within sletely de shanner	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
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BALTIMORE, MARYLAND cote be executed within 24 spers. Pages, ord gloud val. it, the medical examiner mu		VE WAR OR DATES)			
ficate be obysician of popers. Pe	Yes 18 CAUSE OF DEATH (Enter of	218-46-5		. Morris 4546	N. Rogers Avenue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLOING PHYSICIAN: The low requires that the death certificate or attending physician. R. After this certificate has been signed by the attending physicians or the bunoul-transit permit. Then please remove carban paper ealth and Mental Hygiene prior to buriol, cremation, or removal. Is marked or them 18 shows any injury, or ather traumatic event, the standard or them 18 shows any injury, or ather traumatic event, the standard or them 18 shows any injury, or ather traumatic event, the standard or them 18 shows any injury, or ather traumatic event, the standard or the	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT Ina DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	ted Cardion	To recent MI	20a AUTOPSY? 20b. IF YES	EN IN PART TIO , WERE FINDINGS USED YING CAUSES OF DEATH? S NO
4 OF VITAL R SICIAN: The ing physicion. certificate ho riol-transit ps riol-transit ps entol Hygiene filem 18 show.			AY YEAR 21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM TB P	ART 1 OR PART 2)
NOF SICIA ng pl certif certif uniol-t	OR CONTRIBUTING CAUSE OF DE	AIR	19		
DIVISION OF VII	ON CONTRIBUTING CAUSE OF DI OF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC 21H LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDING reformed by the hospital or off TO FUNERAL DIRECTOR. After should be detached for use os the with the State Dept of Health of MAPORTANT; if them 21 is marke	270. I certify that (I) (this has one the deceased alive one obove 1) (with didd) ided in 27b. SIGNATIVE	ot) view the body after death.	DEGREE M. D. ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	19.37., that (II (we) fost r and from the couses stated 22c DATE SIGNED 11112.187
TO FUN should in with the	PALL SC 230 BURIAL, CREMATION, REMOVA	hwatz M.D. L 1236. DATE 1236	6804 PAC	kleights A	re
BP	(SPECIFY) Burial		arrison Forest Vēt	Owings Mills	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Wm. C. March F/1	H West 4300 Wal	cash Avenue NO	NY 1 6 1987 Julia 15	RAR'S SIGNATURE



	STATE OF MARYLAND
77 NOV 13	67- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
o e o th	DECEASED NAME FIRMS MIDDLE LAST 70. DATE OF DEATH MONTH DAY YEAR 70. HOUR
> 000	S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOUNTS MIN.
0 50	To BIRTHPLACE (STATE OFFOREIGN TO COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH
de de	DIVORCED DIVORCED 120 US A TIMORE CITY, MIDOWED DIVORCED 120 USUAL OCCUPATION 120 KIND OF BUSINESS OF THE INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
A P	Daltimore University of Maryland Disabled.
Fill 24	136. STATE HD 136. COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE 2/2/3 Part more YES NO 1 4006 Arydale Ave
ond 2 sh	Francis Mode Cooper Florence House
Poge media	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Prof ADDRESS (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES) Z14-36-7953 Florence 4 Dre) 4006 Arydale
n signed by the attending physicia. Then please remove carbon papers to burial, cremotian, or removal. injury, or other traumatic event, the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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oral or se o	276-1 certify that (1) (this hospital) attended the deceased from
At DIREC formached on Dept.	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
D HOSPITAL torned by th O FUNERAL that'd be den of the State	THE PHYSICIAN'S MARE IN CHEWICH 170 ADDRESS
	836 BURIAL, CREMATION, REMOVAL 11/13/87 Woodlawn Cemetery Relation 23d Location City or rown Balto
HMH - 16 60M 7/84 (VRA 15, 4)	Wm. C. March F/H West 4300 Wabash Avenue 150. Date Rec'd. By Registrar 756. Registrar's Signature NOV 1 2 1987 Julia Dividura Rendera



STATE OF MARYLAND 077684 NOV 23 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Bertha T. 15 87 Morton 11 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS o's 20 Female White TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. Delaware Baltimore City WIDOWED X DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Meridian Long Green Nursing Home Baltimore City Homemaker BALTIMORE, MARYLAND 21201 Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE New Castle 13c. CITY OR TOWN 13e. STREET ADDRESS 113d. INSIDE CITY LIMITS? pino Delaware Wilmington 1819 Shipley Rd. 19803 YES K NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE FIRST MIDDLE John Talley Jackson N. Laura ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 221-16-4793 Mr. William A. Morton 101 Longwood Rd. 21210 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d. INJURY OCCURRED 21# PLACE OF INJURY 21f. LOCATION ŏ COUNTY STATE CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE WHILE 220.1 certify that () (this haspital) attended the deceased from sow the diceased alive on above. (I) (we (did) (did not) view the body ofter death and that in (my) lour) apinion death occurred an the date and hour and from the causes stated DEGREE 226. SIGNATORE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 774 PHYSICIAN'S NAME LTYPE OR PRINT 22e ADDRESS Robert Vissing M.D. shoul with 4300 No. Charles St. 21218 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Wilmington New Castle Del. Buria1 11/19/87 Gracelawn Cemetery BP 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21204 DHMH - 16 30M 1/BI Ruck Towson Funeral Home Inc. (VRA 15, 4) 1050 York Rd.

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(VRA 15, 4)

STATE OF MARYLAND

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00 4	2. SE	4.1	RACE	DATE OF BIRTH 1925	6. AGE (IN YEARS LAST BIRTH		FUNDER 24 HRS
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B 32 01		RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	MARRIED & NEVER MARRIED	9. BALTIMORE CITY OR		-34-51
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offer of the party	Be	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Policeman	ON 126. KIND OF INDUSTRY Law En	
24 hours		TATE OF THE PROPERTY OF THE PR	I ENCE BEFORE A	CK 13d INSIDE CITY LIMITS?	13 STREET ADDRESS /		2170
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* (10 / M) /		Grover Cle	veland Mossbu	rg Agnes	MIDDLE	Mille	r
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g 5 1 5 5 8"	1	WHILE NOT WHILE		107		07	
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15 CTO		saw the deceased alive on above, (1) (we) (did) (did nat) v	1.1	, and that in (my) (aur) opinian	death occurred an the da		
of house		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFI	22c. DATE SI	
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O HOSPITAL eriorined by 11 TO FUNERAL Maguid be det with the State MAGRITANT.		BASSAM PHYSICIAN'S NAME (TYPE OR PI	TIVEH	1303 L CO	USURY HOAD	, 21254	
51 543 34				ME OF CEMETERY OR CREMATORY	23d. LOCATION	2 OUNTY	STATE
BP		Cremation		thsburg Crematory	Smithsburg	g, Washington	1, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director Smith, K 06 East Church S	eeney & Basford t., Fredericks, l	Suneral Home 250. DA	CO3 1987	256 REGISTRAR'S SIGNATU	RE MARL
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	1	FOR STATE	DEPART	MENT OF HE	ALTH AND MENTAL HYGI	IENE 8 /	i i	4 1	7 7
	-	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.		
NOVIC	DEC	SED NAME FIRST	MIDDLE	ŁA	Ti Ti		MONTH DAY	YEAR	2b HOUR
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24	1	tenale	white	8	1 26 1900	8+	YRS		
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37/1	0 CI	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
3/1		BALTO.	FRANCIS S	COTT	KEY	HOUSE N		INDUSTRY	
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量表 !!		AS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS		
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le u		PART I. DEATH WAS CAUSED	BY.	-1	arrest - CHF,	Myelotopo	1.6		
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5	E I					YES NO	YES [NO 🗌
-0	B	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PART	OR PART 2)	
4	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
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orked	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITYONIC	With	COOINT	JIAIL
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.5.	10	saw the decementalise on	11/19/ 10		that in my (our) opinion o		ate and hour or		
E 2 0		obove (i) we (did) (did not) 77h SIGNATURE	view the bady after death.		EGREE		1000	22c DATE	
# #			20 1 2		ATTENDING	MEDICAL STA	FF .	Inc. Daily	67
7			per no		PHYSICIAN [DIRECTOR PHYSIC	IAN	11/	48/02
TANT		27d. PHYSICIAN'S NAME (TYPE OR	4-	2 3 20	22e. ADDRESS	10/01		- 1	
IMPORTANT:		G. TREIS	MAM,		FSK Med	xical Ctr		75.1	
3 ₹		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 1.651 29 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) poge 3 ROBERT CECIL MUIR NOVEMBER 13 1987 6:28 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH VEAD DAY WHITE 30 MALE BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXIEVER MARRIED COUNTRY WHEELING. W. VA WIDOWED DIVORCED BALTIMORE 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR IL CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carpenter Union 101 BALTIMORE THE JOHNS HOPKINS HOSPITAL WAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1131 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maltimore arvland 3308 Acton Rd. 15. MOTHER'S MAIDEN NAME THER'S NAME LASE MIDDLE AA RODLE Muir Ceabright Arnett Mabel ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) TYES NO OR UNKNOWN 235-24-2921 Mildred L. Muir 3308 Acton Rd. 21234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I DEATH WAS CAUSED BY DAYS IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF CIRRHOSI Canditions, if ony, which 0 gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF NON-B HEPATITIS underlying cause last. MEAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO F 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 5 CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) Р NOT WHILE 10/24 220.1 certify that (1) (his hospital) attended the deceased from and that in (my) (50%) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on abave, (1) we had did (did not) view the body after death 77b SIGNATUR DEGREI 221. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERA vild be de MPORTANT 22e ADDRESS SHHOL Shoul with 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Baltimore, Maryland" Dulaney Valley M.G. Burial 11-17-87 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 BALTO. Md. 2123 (VRA 15, 4)

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

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24 FUNERAL DIRECTOR FUNEARL 1129 250. DATE REC'D

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(VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

230 BURIAL, CREMATION, REMOVAL

Patrick G. O'Daniel, M.D.

STATE OF MARYLAND

The Union Memorial Hospital Sacred Heart of Jesus

Dundalk, Balto

(harles S. Zeiler & Son Inc. 901 S. (onkling St.

COUNTY

22c. DATE SIGNED

26 HOUR

176. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

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. m.s			CEASED NAME OR PRINT)	FIRST		WIDDLE		AST	20 DATE OF DEATH		YEAR 2	No HOUR
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Be 4 mg		3. SE	MALE		4 RACE WHITE		5. DATE O	1, 1919 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE		F UNDER 24 HRS
neral dir	35		RTHPLACE (STATE OR F OUNTRY) RYLAND	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D Never Married D	9. BALTIMORE CITY O BALTIMOR		EATH	MD.
d d d	Peg	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATE	ON 12b	KIND OF	BUSINESSOR
s offer	John	BAI	TIMORE			BONFIELD		21208)	PUBLIC RI	ELATIONS	STA!	TE OF MD
BALTIMORE, MARYLAND 2120 Tote be explicit within 24 hours systicion on completely lifed in by posicion on completely lifed in by desirables.	nost be	13a. S	L RESIDENCE (# NURSITATE RYLAND	13b. COUN		GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 3506 BONFI	ELD RD.	(212	208)
1.1	1		THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
WA (23 2 2			ISAAC		MIDDLE	NATHAN		FIRST	IAN		SHOT	r
	8	16a. V	AS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
MO C	med	I,	(AS DECEASED EVER ES NO OR UNKNOWN)	JIF YES, GIV	E WAR OR DATES)	217-20-4	1392	MRS. GLADYS	NATHAN 350	6 BONFIE	LD RD	. (21208)
W. PRESTON ST., and the death certification by the attending phase remove carbon as	ial, cremation, ar remaval.		Conditions, if ony, gove rise to imm couse (o), storin underlying couse	AS CAUSE IMMEDIAT which nediate g the	DUE TO, O	R AS A CONSEQUE	NCE OF	tie Care	cron - St,	mark		ATE INTERVAL ISET AND DEATH
RECORDS, 201 low requires the	prior to bur any injury,	CERTIFICATION	PART 2. OTHER SIGN 19a. DATE OF OPERAT			e		NOT RELATED TO THE TERM	200. AUTOPSY?	20b. IF YES, WER	E FINDING	GS USED
LRE lo	No S	TIFIC							YES NO.	IN CERTIFYING YES	CAUSES C	OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The fifter this certificate has care the burious transit.	Mental Hygin or Item 18 sha		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A.		Y YEAR	21c. HOW INJURY OCCUR	4,435	RY IN ITEM 18 PART I OF	R PART 2)	972
HYS Inding	5 5	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.		211. LOCATION	CITY OR TO	wn co	YTAUC	STATE
IVIS Offer parties and a second	lith and larked	\$	WHILE NOT WH	ILE	(AT HOME, SI	REET, PACTORY, OFFICE, P.	AKM. EIC	3,000	1			
ATTENDIN Spirol or SCTOR: Af	n 21 is ma		22a.1 certify that (1) saw the decease above (1) (we) (c		111	1 /	7	nd that in (my) our) opinion	death accurred on the de		from the co	
TAL OR by the ho	tate Dep		226. SIGNATURE	180	luic	ine fl	Fark		MEDICAL STAIL	FF _	4/12	82
TO HOSPITAL OF TO FUNERAL PAGE	MPORTANT:		22d PHYSICIAN'S NA MORTO	V E	LLIN			5310 OLD CO		133)	- (
	_		URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cour	NIY	STATE
BP			URTAL		11/15		LTIMO	RE HEBREW Cem	REISTERS		LTO	MD
DHMH - 16 50 (VRA 15			NERAL DIRECTOR NAME O REISTERS			N & BROS. LTO., MD.	(2121	5) NO	0 4007	256. REGISTRAR'S	SIGNANU	dall

7 2	110	Nov	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		IENE 3 7 3 2	2 1 0
1 2	110	NUY		EASED NAME	FIRST		MIDDLE	, I	A\$1		20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	tor. page 3 ofter death		(TYPE	OR PRINT)	Patrio	·k I	М.		Neary		November 13, 198	7 4:52A.M
	and a		3. SE	(RACE		5. DATE C	F BIRTH			NDER 1 YEAR IF UNDER 24 HRS
	ector s oft		-	MALE		Whit	е	MONTH 9	°21 2	22,	65 YRS MON	HS DAYS HOURS MIN.
	Page	57		RTHPLACE (STATE OR	OREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARK	iuso 🗔	9 BALTIMORE CITY OR COUNTY OF	DEATH
	eoth h72	20		aryland	1	U.S.A		WIDOWE			BALTIMORE CITY	MD.
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	201	30 C	TY OR TOWN OF DEA	тн Л		HOSPITAL, NU		R OTHER INSTITUT	ION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
54	7	×	1	Baltimore	1	Loch I	Raven V	AMC			Plaster	Construction
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QN .	filled aud	3		Maryland	Baltin		Towso	_	YES NO		301 E. Joppa Road	21204
XXIV	2 sely	The Party	M FI	THER'S NAME	MID	DIE	LAST		15. MOTHER'S MA	IDEN NAM	MIDDLE	LAST
WA	mple of	, in		Patrick		J.	Nea	ry	Agn	nes	MIDDLE	Hubbard
RE,	ond comp	ig .		AS DECEASED EVER	IN U.S. ARME		166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRESS	
IWO	be execu	me d		es	Ww .		217 1	6 0835	Regina P	Pollar	rd 619 Warwick Rd.	21229
SALT		4		18 CAUSE OF DEAT	H (Enter anly a	ne cause per						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1,1	certificate ing physici rbanpaper	eway.		PART I. DEATH W	IMMEDIATE C		CAR	LDIAC	ARRES	T		
NO	h ce nding	atic		4.9 G-		DUE TO, O	R AS A CONSE	OUENCE OF	•			
EST	death attendi	ption, froum		Conditions, if any,		(b)	ITEM	100424	MIC NE	com	PENSATION	
. B.	the rem	E 5		gave rise to imm cause (a), statin	g the "	DUE TO, O	R AS A CONSE	OUENCE OF				
5	that d by ease	ol, cre or othe		underlying cause	last.	(c)_	pro	BABLE	SEPSIS	>		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	ures igne	ury, o	z	PART 2 OTHER SIGN	VIFICANT COM	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	THE TERMI	INAL DISEASE OR CONDITION GIVEN	IN PART Ira
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Ž.	PHYSICIAN: ending physical this certifical	H B		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	716.110W 11430K1	OCCORR	ED (ENTER NATURE OF INJURY IN TIEM 18 PART)	ORPARI 2)
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	R ATTEN haspital RECTOR	ot. of		abave, (I) (we) (c	did) (did nat) v	iew the bady	after death		DEGREE			22c DATE SIGNED
	O . O	F he		THE SIGNATURE	PA		un		MID ATTEN	NDING _	MEDICAL STAFF	11/13/02
	by the	N - N		224 PHYSICIAN'S N	AME ATVOS OR DE	INT			22e ADDRESS	SICIAN _	DIRECTOR PHYSICIAN	11/15/17
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	TO HOSPITAL C retained by the TO FUNERAL D should be detact	IMPC	20	LIDIAL CREATER	247	7 /		22 514415 55	CAVA	7	Tay LOCATION	
				BURIAL, CREMATION,		236. DATE			EMETERY OR CREM			DUNTY STATE
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	DHMH - 16 6			NAME	1 TT		ADDR	ESS 2	1229	וחעו		for Pandall
	(VRA 15	. 4)	LI	ubbard Fun	eral Ho	ome, Li	nc.410	/ Wilke	ns Ave.	HU	I O 1201 January William	aus. Conducte

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Balto. Md. 21213

3331 Brehms Lane 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

widow Randell

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERALDRECTOR UNEK FUNERAL

HOME, INC.

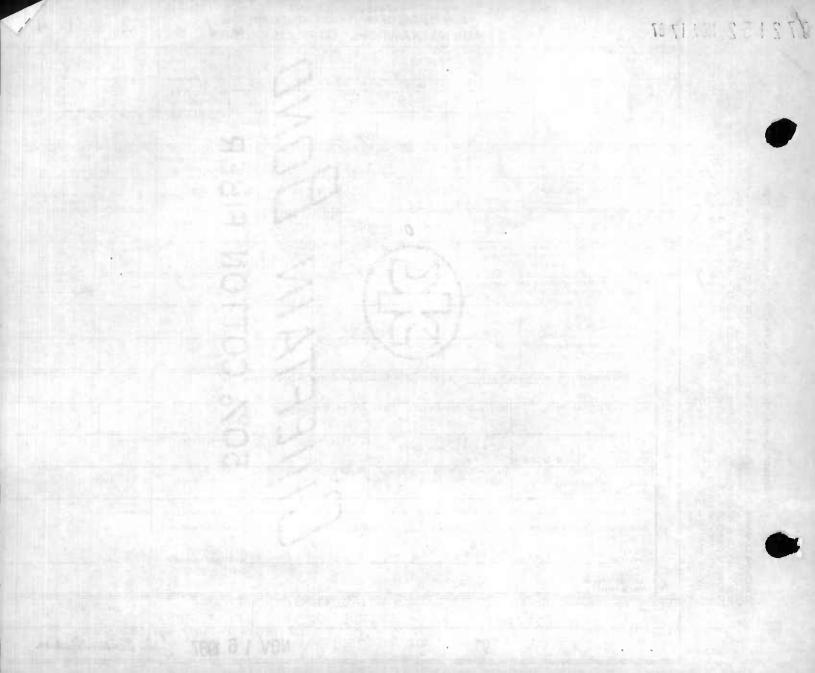
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	1			STATE OF MARYL	LAND		48 54	, -,
	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND		NE 8	0 6 6	1 3
71075 200	-	REGISTRAR		CERTIFICATE OF	,	REG. NO		
11 1 0 1 2 NOA -	7 4	EASED NAME FIRST	MIDDLE	LAST	/	DATE OF DEATH	MONTH DAY YEAR	2b HOUR
poge 3		SARAH		NEWMA	N	NO	1. 4 198	7 9:35 FM
E G	3. SE	Κ	4. RACE	5. DATE OF BIRTH		AGE TIN YEARS LAST BIRT	MONTHS DAYS	
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1 /2 7	٦	ITY OR TOWN OF BEATH		URSING HOME OR OTHER INS		20 USUAL OCCUPATION TYPE OF WORK FOR MOST O		OF BUSINESS OR
57/ 69/90	0	2Ltimore City		sq Home 4 Hos	PITAL	HOMEMA	KER AT	r HOME
d de de de	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 138, COUN	ITY 13c. CITY OF		CITY LIMITS?	1.STREET ADDRESS	ZIP CODE	21153
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BALTIMORE, MARY	1			EIBERMAN	ROSE			NOWN
OR			MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORM		IRENE DAY		
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W T T T T T T T T T T T T T T T T T T T		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE	ly one couse per line far (a), (b', and ic'			BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
ST.			E CAUSE (a) PNEU	MONIA				
PRESTON ST., re-dients on the period of the condons of the period of the			DUE TO, OR AS A CONS	SEQUENCE OF				
RESI		Conditions, if any, which gave rise to immediate	(b)					
> 16 0C Links		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF				
201 V			((c)					
	NO O	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATE	D TO THE TERMIN	IAL DISEASE OR CONE	DITION GIVEN IN PART 1	ła
ON THE STATE OF TH	1 2	190 DATE OF OPERATION	19h CONDITION FOR W	VHICH OPERATION WAS PERF	OPMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS LISED
nos bermit ne price	FIC	THE DATE OF OFERATION	17ª CONDITION TOK	MICH OF ERAFION WAS FERE	OWNED	1 - V	IN CERTIFYING CAUSE	S OF DEATH?
A G S S S S S S S S S S S S S S S S S S	CERTIFICAT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	Izir HOW I	NJURY OCCURRE	YES NOTE	YES []	NO 🗆
A OF VIII		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	OCCOME	D TEMPER MATOR OF HOUSE	, 14 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ON OF HYSICIA ding pl is certif buriol-t Mentol	MEDICAL	116 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f LOCAT	ION			
VISION THEOLOGICAL THE PARTY COMM W	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY O		ET	CITY OR TO	wn COUNTY	STATE
DING or off After e os t olth o		220.1 certify that this haspit	tal) attended the deceased i	101 x3	10 87	11/	4 10 87	that who (sup) last
TEN OR ST.		sow the deceased alive on	1114		(aur) opinion de	ath occurred an the do	te and hour and from th	that the (we) last e couses stated
A AT A B		22b. SIGNATURE	t) view the bady ofter death.	DEGREE				ESIGNED
아를 다 하는 표		Osler	~	mil	ATTENDING	MEDICAL STAF	F 111	4/87
O HOSPITAL TO FUNERAL should be det with the Store		27d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRE		DIRECTOR PHYSIC	IAN	7/1
HOSPI ined to VId be the S		ESTRELITA	M. KAN	my Izvini	THUE HEY	SREW GERLI	ATRIC 1 FAM	31 + Hording
To H Shour with	730	BURIAL, CREMATION, REMOVAL	123b. DATE	23c. NAME/OF CEMETERY OR	CDEMATORY	23d LOCATION	-11-0 001011	77 77 771
BP		(SPECIFY) BURIAL	NOV.5,1987	MOGAN ABRAHA		ROSEDAI	LE BALTO	STATE MD
Dr	24 F	UNERAL DIRECTOR SOL L					256 REGISTRAR'S SIGNA	
DHMH - 16 60M 7/84 (VRA 15 4)		OIO RETSTERSTOW	ADD	ORF S.S.	NOV	6 1007		

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The second of th ENERGY DESIGNATION OF THE PROPERTY OF THE PROP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFIC REG. NO DECEASED NAME O DATE KNOWN X MONTH YEAR 26 HOUR (TYPE OR PRINT) ESTI-A. DEATH MATED Moses Nicholson 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE ST BIRTHDAY PRONOUNCED MALE BLACK 63 87 DEAD 14 YRS TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Baltimore City, WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore South Baltimore General Hospital LABORER RETTRED SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2816 SPELMAN YES A MD BALTIMORE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MOSES NICHOLSON SR ROBERTA JOHNSON 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT APT. 1B (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES ARMY 218-18-2525 SHARON NICHOLSON 101 POTLAND 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? (Head NO [219 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, 211 LOCATION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DIRECTION OF BALLTIMORE, MARYLAND, 212019 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22e. I certify that I took charge of the remains described above, held on Inspection and in my opinion A Natural causes X Hamicide ___ death resulted from: Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant 11-12-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street, BAlto., Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION MD CROWNSVILLE VET CEM CHELTONHAM BURIAL 07/B4 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** WM NAME C. MARCH F/H 110PTESS E. NORTH AVENUE (VR A15 ME (5))



ST	ATE	OF	MARY	DKAJ
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	BIENE 8 7	3	2 2	1 5
120E	ASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
-		ernon	Henry	Nic	cholson		11-6-	-87	M
3. SE	X	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
_	Male	Blac	k	~8°	-22-1906 YEAR	81	YRS.	DATS	HOURS MIN
7a. B	IRTHPLACE (STATE OR FO	REIGN . 76. CITIZEN C	F WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	ryland	US	A	WIDOW		Baltimor	e City		MD.
	ny or town of DEAT Baltimore	(IF NOT IN S	F HOSPITAL, NURSING BUCH FACILITY, GIVE STREET Belvedere	ADDRESS]	or other institution apt. 919	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST B&O Railr	OF WORKING LIFE		F BUSINESS OR
130. S Ma	ryland	G HOME OR OTHER INSTITUTE 36 COUNTY	134. CITY OR TOW Baltimo	VN	13d INSIDE CITY LIMITS? YES X NO _	13e.STREET ADDRESS 3800 Belv	/ ZIP CODE edere <i>I</i>	Ave. ar	t. 919
14. F	ATHER'S NAME FIRST Benjami	n Hamilt	on Nichol	lson	15. MOTHER'S MAIDEN NAME ELLA	ME Delores		Johnso	on
16a. \	WAS DECEASED EVER IN	U.S. ARMED FORCES	166 SOCIAL SECU		17 INFORMANT	ADD	RESS		
1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)			Vernon Nichol	son Jr. 14	Ol Bloc	omingda	1d.21216 Le Rd.
NO	Canditions, if ony, gave rise to imme couse IaI, stating underlying cause PART 2 OTHER SIGNII	diote the DUE TO,	OR AS A CONSEQUE	ENCE OF	ATKOUSCA	INAL DISEASE OR COM	NDITION GIVE	N IN PART 110	a
CERTIFICATION	19a DATE OF OPERATION	ON 196 CON	IDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEATH HOUR L EXAMINER) D 21e PLAC	OF INJURY A.M. MONTH D P.M.	19	211 LOCATION		URY IN ITEM 18 PA		STATE
×	WHILE AT WORK AT WORK	I AT HOME	STREET, FACTORY, OFFICE		STREET	CITY OR F	OWN	COUNTY	STATE
	22a I certify that (l) (t saw the deceased abave, (l) (we) (dic	10	6 19	87.0	nd that in (my) (aur) opinion of				that (I) (we) last causes stated
	22b. SIGNATURE	the		M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22¢ DATE	SIGNED
	MAIR R	lehman			2717 HAMA	uond Ferry	1 Rd	21	227
	BURIAL, CREMATION, RI (SPECIFY) Burial	23b. DATE			CEMETERY OR CREMATORY Auburn Cem	23d LOCATION CITY OR TOWN Baltimo	re	COUNTY	Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

this certificate has been signed by the attending

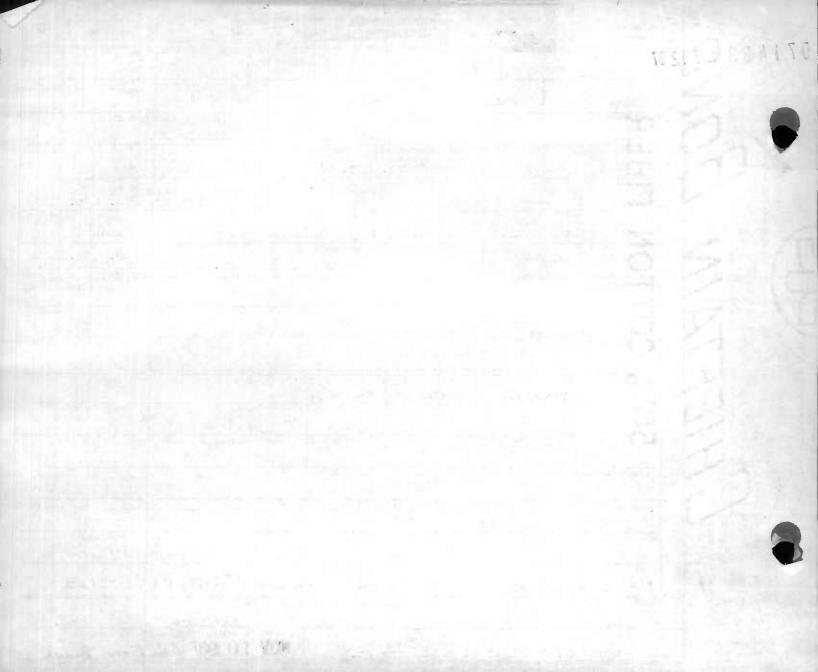
should be detached for use as the burial-transit permit. Then plea with the State Dept. of Health and Mental Hygiene priar to burial,

MPORTANT: If he

24 FUNERAL DIRECTOR

1913 W. Baltimore St. Brown-Thompson FH

NOV 1 0 1987 Julia Davidon Landel



0722 EL 1911 1987 - George Michael Alicoi et 1985 EPENT .bk .mmef flat Cecom C. Udkel Cabel Mark - First Spensell - 1 - 1 - Energy Williams 11/19/87 | Folly Eill Forcetal quelens Esternors vo., vo. art materia off that he wanted a faithfully

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

							REG. NO					
	CEASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH N	AONTH	DAY	YEAR	26 HOL	JR
		UGENE			NIN	E	November 2	4,]	1987		9:3	0a M
1. SE	×		4. RACE	The state of the s	S. DATE C		6. AGE IN YEARS LAST BIRTH	IDAY)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS
1	Male		Wh:	ite	Oct		57	YRS.		0413	l looks	Anjos.
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNT	TY OF DEA	TH		
_	Maryland		U.S.		WIDOWE	DIVORCED	Baltimor	e Ci	ity			MD.
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12g USUAL OCCUPATIO			STRY	F BUSINI	ESS OR
	altimore		27 N. I	Highland .	Ave.		Cutter				hing	
13a S	AL RESIDENCE (IF NURS	136 COUN	TY INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CO	DE			
	aryland			Baltimor	e	YES X NO	27 N. High	land	ave E		2122	4
14 FA	ATHER'S NAME FIRST	A	AIDDLE	tast		15 MOTHER'S MAIDEN NA	ME MIDDLE			LAS	ī	
)	Norvell			Nine		Ora			S	egq:		1
	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRES	S				
	Yes	Kore	ea	213-28-3	382	Marilyn Y. N.	ine, 27 N. H	igh]	and	Ave	. 2	1224
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter on)	y one couse per					1		I WEEN C	MATE INTER	RVAL DEATH
	TAKTI. DEATH W		E CAUSE (a)	malign	evit-	VenMenta	1 orthunds	run	a			
			DUE TO, O	R AS A CONSEQUE		1		1	,			
	Conditions, if ony,		(b)_	Linne	ule	delle onge	scrace 1	nopa	cour			
	couse (a), statin	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF			0				
			(- (c)			elystic C						
Z	PART 2 OTHER SIGN	VIFICANT C	onditions <u>co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE LERM	INAL DISEASE OR CONDI	TION G	IVEN IN PA	ART 1:0	1	
MEDICAL CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES. WERE I	FINDIN	IGS USE	D
FE							YES NO V		IFYING CA	AUSES	OF DEAT	LH5
CERI	21a. ACCIDENT WAS UNE	DERLYING	21b. TIME O			21c HOW INJURY OCCURR	- A		· · ·	ART 2)	140	
AL	OR CONTRIBUTING		HOUR A.	M. MONTH DA	AY YEAR							
DIC	21d INJURY OCCUR		71e. PLACE	OF INJURY		211 LOCATION						
¥	WHILE NOT WE	RK	(AT HOME, STR	PEET, FACTORY, OFFICE, F	ARM, ETC)	SIREET	CITY OR TOWN	v.	COUP	HTY	S	STATE
	22a.l certify that (1)	(this hospit		e deceosed from		1976	, to		19.87		that (I) (s	we) lost
	sow the decease above, (I) (we) (c	ed olive on	view the hody		, on	nd that in (my) (our) opinion o	death occurred on the date	e ond ho	our and fro	m the	couses sto	oted
	226 SIGNATURE	0 1		one acom	- (DEGREE			224.	DATE	SIGNED	
		KUS.	17t	some of	wo	ATTENDING PHYSICIAN	MEDICAL STAFF		N	DV.	25.	1987
	22d PHYSICIAN'S NA	AME (TYPE OF	PRINT)			22e ADDRESS			1.130	7.	Z., J.,	130/
	Rifat	Abousy	, M.D.			2300 Garriso	on Blud					
23a E	BURIAL, CREMATION,		23b. DATE	23€ N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
(Burial		Nov. 28,	1987	Oak H	ill	Lonaconin	g, A	llegh			D
24 Ft	ROBERT C.	ALTENE	SURG FUN	JERAL HOMI	E, TNO	25a DATI	E REC'D. BY REGISTRAR 25	b. REGIS	STRAR'S SI	GNATI	URE	
					-/ TTA/	~ ·	C 13	- 3			An I	The Person Name of Street, or other Designation of the Person of the Per

DEC 01

Aulia Troiden Pondaga

DHMH - 16 60M 7/84 (VRA 15, 4)

6009 Harford Rd.

Baltimore, Md.

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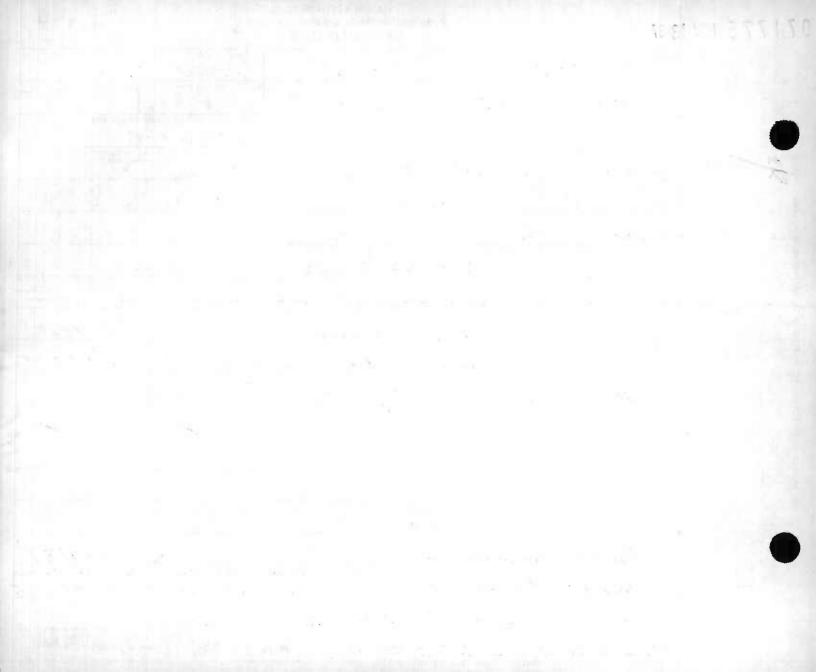
4300 Wabash Avenue

24 FUNERAL DIRECTOR

WM. "C". MARCH F/H, INC.

DHMH - 16 60M 7/84

(VRA 15, 4)



17	2 8	I O NO	124	1 - 87	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL H	TYGIENE S /	3 2 No.	2 1	9
) [20	4 0 1101			EASED NAME FIRST		MIDDLE		AS1	20 DATE OF DEATH	MONTH DAY	YEAR 2b H	HOUR
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		or po		3. SEX	1/ -/-	4. RACE	hite	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST I	MON MON		NDER 24 HRS
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91		1 12	//		OUNTRY Carolina	U.S.	WHAT COUNTRY?	MARRIE WIDOW	NEVER MARRIED DIVORCED	. 1 /2/2 / 1/2 /	or county of		MD.
5	1	1 1 1	3/	10 CT		Franci	HOSPITAL, NURSING	ADDRESS ME	or other institution dical Center	12a USUAL OCCUPA	TION TOF WORKING (IFE)	126 KIND OF BUSINGS	SINESSOR
ND 2120	D	24 hours	35	30. S	L RESIDENCE (IF NURSING HOME OR TATE Md. 136 SOUT		GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS				
BALTIMORE, MARYLAND 2120		d within appletel			THER'S NAME	MIDDLE	Nolan		15. MOTHER'S MAIDEN Bessie			yney last	
, E	-	3 0-1/-	9 4-5	6a W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADD	RESS	, ,	
IMOR	1	- Pod	e /	{Y	ES, NO PUNKNOWN) (IF YES, GIV	E WAR OR DATES)	213-07-	3552	Rosalie V.	Nolan 7310	Hughes 1	Ave. 212	219
	1	phy on popular	event, me		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly ane cause pe D BY E C AUSE (a)	r line far (a), (b), or Hemo		S			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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		thot d by eose ol, cr	r of		underlying cause lost.	(c)_							
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IL RECO		hos per per	ou such	CERTIFICATION	19a DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS LIG CAUSES OF D	
VITA		ZSOPT	200	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY	AY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF IN	PY IN ITEM 18 PART	OR PART 2)	
Ö		ding ph ding ph is certifi buriol-ti Mental	E	CAL	OR CONTRIBUTING CAUSE OF DEA	III	.M.	19					
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		OR. A	\$ E		226. certify that (1) (this haspi saw the deceased alive an		heldeceased fram.	82)	nd that in (my) (our) opin	5 / to		, tho	(I) we) last
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		Y the hosp Y the hosp RAL DIREC detached if ote Dept	T: 14 He		226. SIGNATURE Julie A	P. Cas	ami	n	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF	220 DATE SIGN	87
		TO HOSPITAL (retained by the TO FUNERAL (shauld be deta with the State (MPORTANT		22d. PHYSICIAN'S NAME (TOPE C	PRINT)	Plas	to V	FRANCIS	Scott KEY	MEDIC	An CES	WBR_
		of of y	<u> </u>		URIAL, CREMATION, REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMATO	RY 23d LOCATION		,	
		BP		(Burial	11-2	3-87 (ak La	un Cemetery	Eastwood	L, Balto.	o., Md.	STATE
	C	OHMH - 16 60M 7 (VRA 15, 4)	7/B4	CH.	neral director Larilles S. Zeile	r & Son			250	OV 23 1987	R 256 REGISTRAI	es SIGNATURE	dass
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STATE OF MARYLAND

A. J. Markey A. 100 Course Family to a year load Jordan Arthur TASKS paracola seriesti. All' see est esterna see all'esterna see all'esterna see all'esterna see all'esterna

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 97 GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO EASED NAME 20. DATE KNOWN TYPE OR PRINTS OF ESTI-E FOR YOUR FILES.

ED WITHIN 72 HOURS

I WERSTON STREET, DEATH MATED Charlotte Notter 19 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 7:45 White DEAD emale 87 19 D. M TO BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Illinois US Baltimore City WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore University Hospital - STU USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. YES X NO F Fulton ave 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Unknown Unknown T. PAGES IN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 319-09-9938 Joan Kurniken 115 S. Fulton Ave. Unknown 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple Injuries BURIAL - TRANSIT PER IMMEDIATE CAUSE (a)___ OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SHOULD BE USED AS A BURIAL EPARTMENT OF HEALTH AND ME PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CHIE YES X NO [TO MEDICAL EXAMINER: THIS CERTIFICATE SH EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CY TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARKAND, 21201 PRIOR TO BUI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AND OR HOUR XXXXMONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1:03P.M. 11-9 19 87 pedestrian struck by pick-up truck 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 11 LOCATION STREET, FACTORY, FARM, ETC.) WHILE STATE WHILE AT WORK AT WORK Hollins St. street 1400 blk. Md 22a I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Undetermined manner ACTUAL 11-10-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dixon, M.D. Ann M. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Catonsville Vestview Crematory Balto. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1701 McCulloh St. (VR A15 ME (5)) Chatman-Marris FM

will have a significant woman action with the con-

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH . DECEASED NAME LAST 26 HOUR TYPE OR PRINTS C. NOVEMBER 29 1987 1:01 oge -SUSAN OMS 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I VEAR IF UNDER 24 HRS 1 SEX Sept. 15, 1948 White. Female. 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York. BALTIMORE CITY WIDOWED DIVORCED [] ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAL LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE Homemaker. WSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Maryland. 907Heron Dr. 186 COUNTY Silver 134. INSIDE CITY LIMITS? Montg. Springs 15. MOTHER'S MAIDEN NAME FATHER'S NAME Harold Carlson. Louise Hendrickson. ADDRESS Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) IF YES, GIVE WAR OR DATEST Oms. 13 e No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CARDIAC ARREST 43 MINUTES IMMEDIATE CAUSE ID DUF TO OR AS A CONSEQUENCE OF RESPIRATORY FAILURE - PROGRESSIVE FULMINANT Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PNEUMONIA PNEUMOCYSTIS 25 DAYS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 STATUS POST EXPLURATORY LAPAROTOMY BONE MARROW TRANSPLANT 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOVEMBER 16 1987 PNEUMOPERI TONEUM 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (I) (his haspital) attended the deceased from NO. sow the deceased alive on November 29 19 07 above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220 ADDRESS 600 N. 22d PHYSICIAN'S NAME TTYPE OR PR WOLFE STREET should be R MICHAEL BALTIMORE, MARYLAND 21205 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMPTERY OR CREMATORY GATE REC'D. BY REGISTRAR 25h. DHMH - 16 50M 1/B1 N. W. D (VRA 15, 4)

STATE OF MARYLAND

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(VRA 15, 4)

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STATE OF MARYLAND

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TO HOSPITAL

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR		CEKTIF	ICATE OF DEA	ASII	REG. N	0.		
t		CEASED NAME FIRST	WIDDLE		AST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	(TYPE	ORPRINT) FOMOND	RONALI	Paid	ik		117 -	7-9-9	37	6:05P
ī	3. SE)	(4. RACE	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	1	MALE	WHI	TE MONTH	DAY	SEAR SEAR	27	YRS	ONTHS DAYS	HOURS MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT		D NEVER MAR	DOLED H	9 BALTIMORE CITY O	R COUNTY C	F DEATH	THE HEALT
1	1	Mn	USI	WIDOWE	DI DIVO	RCED (BALTIM	ORE	CIT	MD.
-	1	Baltimee	(IF NOT IN SUCH FACILI		OR OTHER INSTITU	NOITI	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O			OF BUSINESS OR
2	USUA 13a. S	AL RESIDENCE (IF NURSING HOMEOR TATE 13 COUN		SIDENCE BEFORE ADMISSION) ITY OR TOWN ASADENA	13d INSIDE CITY		13e STREET ADDRESS	ZIP CODE	AVE.	1122
4	14,54	THER'S NAME	10015		15. MOTHER'S M	AIDEN NAN				
6	E	DWOND 6	PA PA	JAK	CLA	RA	GMIDDLE		IVENS	5
2		VAS DECEASED EVER IN U.S. AR res, no or unknown) { IF YES, GIV	MED FORCES? 166 S E WAR OR DATES)	P5747foo	17 INFORMANT	4 PAT	TAK, SAMI		13E	- drag
3		18. CAUSE OF DEATH (Enter on	ly one couse per line to	ir (a), (b), and (c).)					APPROXI	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY:	MATUI	EPILEI	17/ CI	11		7	days
d		177766		CONCEOUENCE OF						01
		Conditions, if any, which	DUE 10, OR AS A	CONSEQUENCE OF	ENIC	FIF	IALITIS		7	day
		gave rise to immediate cause (a), stating the) (6)	1111000	0.0	011	, , , , , ,			9
		underlying couse lost.	DUE TO, OR AS A	VUERO S	enic	hm-	-cardiac	Julm	Edona	3-4.0
	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	BITION GIVEN	IN PART 1:0	3
,	5	ucus	e pan	create	<u>(1)</u>					
	CERTIFICATION	190. DATE OF OPERATION	196. GONDITION	FOR WHICH OPERATION	WAS PERFORM	-/	200 AUTOPSY?	20b. IF YES, YES	WERE FINDING CAUSES	OF DEATH?
5	ERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	The state of the s	Annual Control	/	ED (ENTER NATURE OF INJUI		1 LOPPART 21	110
-		OR CONTRIBUTING CAUSE OF DEA		MONTH DAY YEAR	1	A	e (Ellier Hallone or Hallon	THE TOTAL	7 3 1 4 1 2 7	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJ	URY	211. LOCATION	, ,				
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
		220 I certify that (I) (this haspi	tal) attended the dece	ased from 10	122	10 87	10/2	9 10	17	that (I) (we) lost
		sow the deceased alive an abave/() (we) (did) (did no	10/2	9 19 67 01	nd that in (my) (au	r) opinion d	eath accurred on the de	ote and hour a	. /	- ' ' '
		276. SIGNATURE	view the body after o		DEGREE				22c. DATE	SJGNED /
		Lugum	dr.	Gerech M		SICIAN	MEDICAL STAI	FIAND	10/	29/27
		220. PHYSICIAN'S NAME (TYPE O	RPRINT)	0	22e. ADDRESS			1	. /	
		LUZVIMIN		PEREDU	Uni	V. O	MARYU	AND ,	HOSP.	PAL
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	23c. NAME OF C	EMETERY OR CRE	MATORY 7	23d LOCATION		COUNTY	STATE
		NOMBMENT	11.6. NON!	187 JULEN 1	-AVEN IX	PALSOL	FUM (SLEN	BURN	NE, A	QM,F
	24 FU	INERAL DIRECTOR	,			250. DATE	REC'D. BY REGISTRAR	25b. REGISJR	AR'S SIGNAT	URE

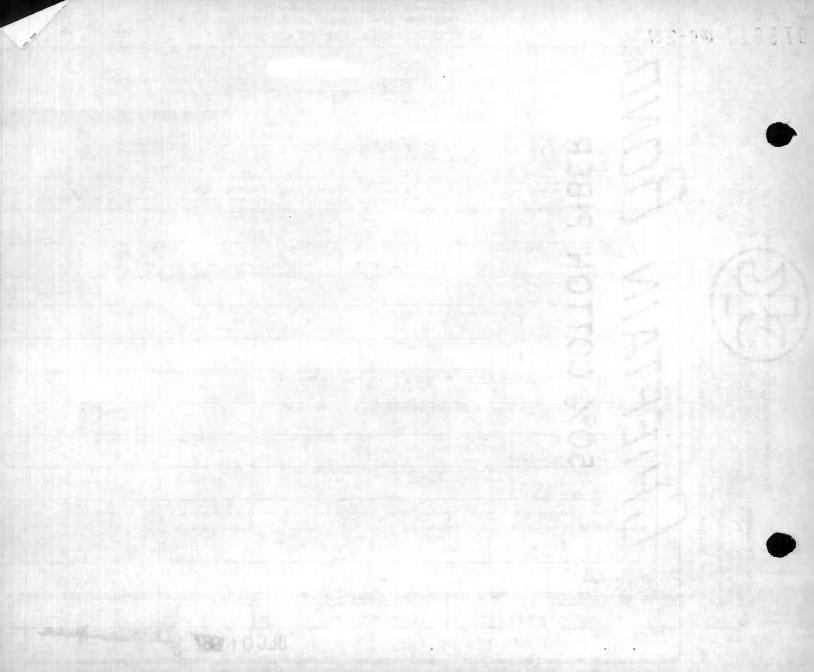
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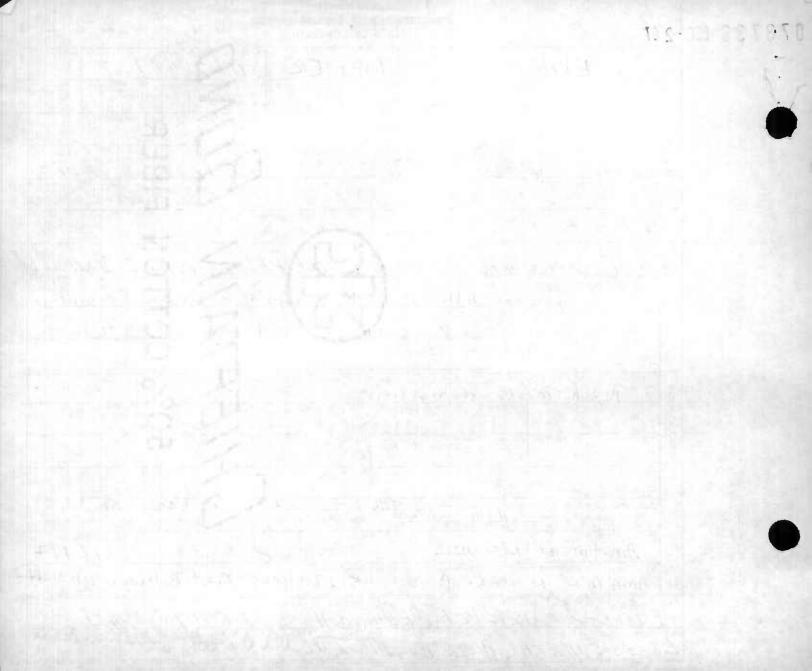
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the atten should be detached for use as the burial-transit permit. Then please remave a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

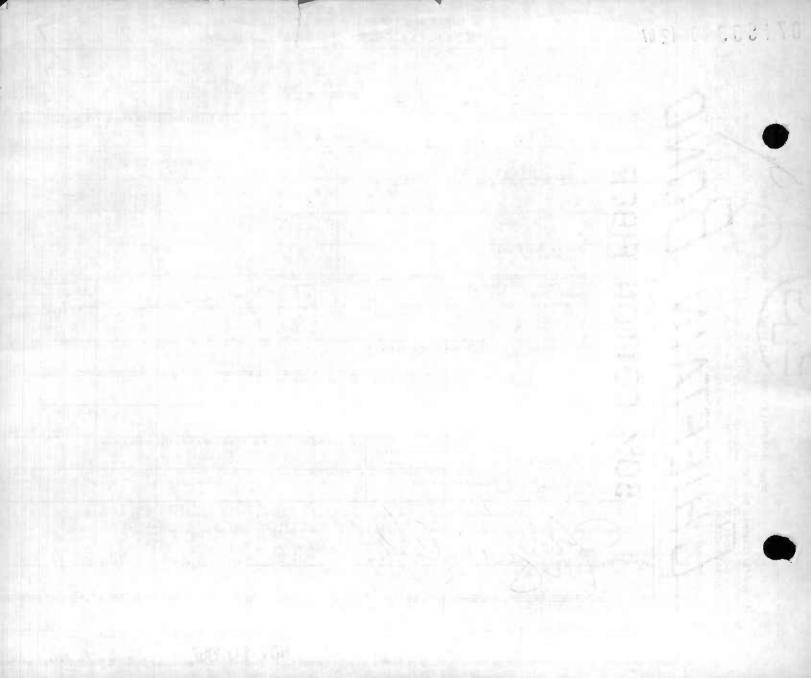
IMPORTANT: If Item 21 is marked or item 18 shaws any

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			E OR PRINT)							2.10			20. DATE KI OF	E211.	X MONTH	1 UAT	TEAR	26 HOUR
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	NEW		NC			USA				OWED	DIVOR				re Ci			MD
	Y IS	10. CI	TY OR TOWN C	OF DEATH	11. NAME	IN SUCH FAC	PITAL, NU CILITY, GIVE S	RSING HO TREET ADDRES	ME, OR (5)	OTHER INSTIT	UTION		JAL OCCUPA		YPE OF WORK		IND OF BU OR INDUST	
	F ANY DELAY IS NECESSARY, PIEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. HOULD BE FILED, WITHIN 72 HOURS RECORDS, 201 W. PRESTON STREET,		Baltimo		91		uter	Stree	et			NUR	SES A	ID			N/A	A
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N N	A PANA PANA PANA PANA PANA PANA PANA PA		DAVID					RUSS	ELL		KAT	IE						DERSO
IMO	Maria Company	lóa. V	VAS DECEASED	EVER IN U.S. AR	MED FORCE	ES?	16b SOC	IAL SECUI	RITY NO.	17. INFO	RMANT			ADDRES	SS			
BALTIMORE	B. GIVE PR WITH FOR T. PAGES I DIVISION		NO				219	-92-	4251	KAT	IE M	EADO	WS 10	02	DARL	EY	AVEN	NUE
	HOURS M 18. G NG WIT RMIT. PV I'NE, DIV		18 CAUSE OF	DEATH (Enter on	ly one cous	e per line	for (o), (b)), ond (c).)								RET	APPROXIMAT	E INTERVAL T AND DEATH
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DIVISION	3 SF PRI	MEDICAL	21d INJURY O	CCURRED			ORY, FARM, E	(AT HOME,	216	LOCATION			CITY OR TOWN			0.14.17.1		STATE
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED ATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TOBURIAL,		22a Leartify	y that I took charg	e of the ren	noins desc	ribed aba	ve held or	Δι	topsy X.	Inspectio		In aurent	7	ond in my o			
	AND THE NAME OF TH	6	death resulter	^	rol-couses	RE	Accident	J.	Surcide		nicide .		Inquiry L ermined moni)	pinion		
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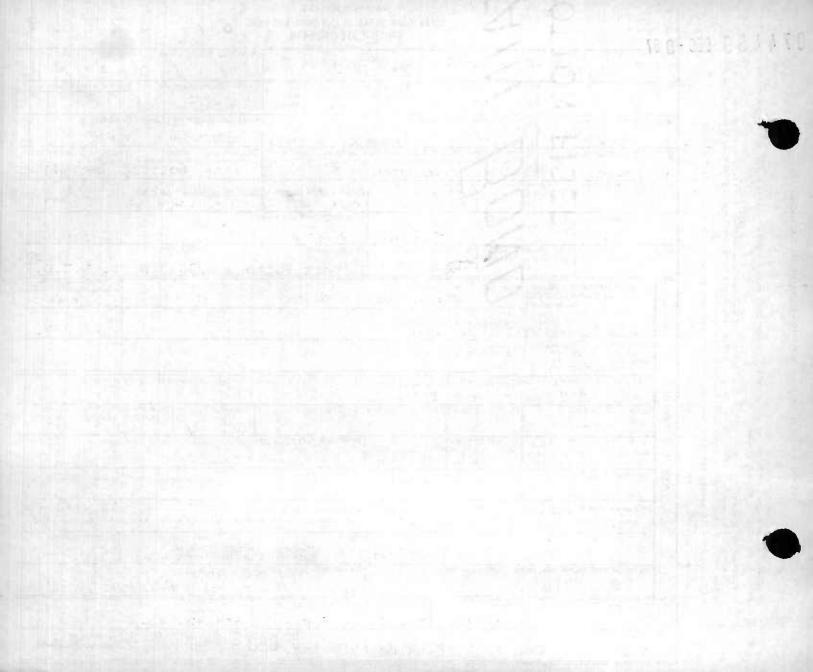
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	DIVISION OF VITAL RECORDS, 201 W.	IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM I ROBD TO THE CHEIF MEDICAL EXAMINER ALONG GE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT DE PERMANDENT OF HEALTH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	PART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO OEATH I	UT NOT RELA	TED TO THE TERMIN	AL OISEASE	OR CONDITIO	N GIVEN IN PA	RT T to .						
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		L EXAMINER: E CERTIFICATE, DULD BE FORV. L DIRECTOR: H, WITH THE S. MARYLAND,		22s. I certify	that I took of any	n of the regulion desc	ribed abo	en, held gin	Autops	у 🔲	Inspectio	\mathbf{X}	Inquiry], or	nd in my or	pinion		
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		TO MEDICAL EXAMERED FOR THE CERTIFE PAGE 4 SHOULD BAGE 4 SHOULD BE TO FUNEAL DIRECT FOR THE BALTIMORE, MARY		(TYPE OR PRINT	V 06	ohn E. Smi				ADDRESS_			St., E	Balto	O., M	ld. 2.	1501	
		FUSTER	23a.B	URIAL, CREMATION				AME OF CEM				CITY	CATION		COVI	NTY	STA	TE
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		(VR A15 ME (5))	MM	. C. MAF	RCH F/H.	INC. 110)1 E.	N OR TH	AVEN	UE I	NOV	10	1987		Nevider	~ P.	Land	



	FOR STATE	#5,15G h	37 3/10/88	EPARTMENT OF	HEALTH	ARYLAND AND MENTAL	HYGIENE	7	7 /	3 73	(3
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PARECH DIRECT DOR ALL NO STR	Female	A RACE Black	S. DATE OF BIRTH MONTH DAY July 25	1 9 4 9 LAST BIRTHI	DAY) MONT	DER 1 YR. IF UNDE	R 24 HRS. 2c. D	OLINCED	1-13-	19 87	7 5:4
A STATE OF THE STA	FOREIGN CO.	INTRY)	USA		R	ED X NEVER MAR	KIED C	TIMORECITY C			1020
M STATE OF THE STA		timore	LIE NOT IN SUCH FAC	PITAL, NURSING HOMELITY, GIVE STREET ADDRESS DE 1	E, OR OTH		12e. USUAL O	CUPATION (TYP		KIND OF E	
ANY CR AND TR PETAIN PETAIN COULD B	SUAL RESID	ENCE (IF IN NURSING HO.	ME OR OTHER INSTITUTION, GIV UNITY	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimo	re	13d. INSIDE CITY LIMITS? YES NO	13e. SIREEI AC	Nor thwo	ood Dr	2121	2
DEATH IF	-	llie	MIDDLE Douglass	LAST	7/10	15. MOTHER'S MAIL Olivia 17. INFORMANT	e Kirkbu	N K		LAST	
AFTIM AFTER SIVETE MOES MISION	(YES, NO, OR	EASED EVER IN U.S. UNKNOWN) (IF YES, 6	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURI	IY NO.		ck Park	er 5714		ood D	r.
ECORDS, 201 W. PRESTON ST RECUTED WITHIN 24 HOI NDENGT IN PENCIL IN ITEM I REDICAL EXAMINER ALCING AS A BURIAL TRANSIT PERM ATTH AND MENTAL HYGENIC CREMATION, OR REMOVAL	Ca ga ca <u>lyi</u>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease Canditions, if any, which gove rise to immediate cause (a) stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)									
TAL R HE HE OUT DO NOT	190 DA	TE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			. 2	NO AUTOPS	
CRITICATE SI RITING THE WO REED TO THE CREED TO BUT TO BU		TERNAL CAUSE WAS LYING OR LIBUTING CAUSE (INJURY MONTH DAY YEA	R 21c. He	OW INJURY OCCURR	RED (ENTER NATURE)	DF INJURY IN ITEM 18	PART 1 OR PART 2)		
#54355	ZIG INJ WHILE AT WO	URY OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	CITY	RIOWN	COUNTY		STA
O MEDICAL EXAMINER: THE CERTIFICATE, V CRECUTE THE CERTIFICATE, V OF THE WITH THE SIZE AND SAFEWORE, MARYLAND, 21	22a death ACTUA SIGNA EXAMI (TYPE C	I certify that I took ch resulted from L TURE	Charles P. I	Accident , S		Homicide TITLE (SPECIFY) D. Assistan ADDRESS 111	Undetermine	AMINER eet, Bal	0101122	11-16	
07/84 BP	Buria	1	11/017/87	Arbucus		A*	Arbut	us, Mar	yland		STATE
DHMH - 17 (VR A15 ME (5))	TUNERAL	SERVICE PA	Thought	14. 60	exp	MOA	23 1987	TRAR 296 RES	D RAR'S SICE	ALLEGA	

		***		1121550		OF MAKILAND				ATR ATR	~ ~
5 9 DEC -		FOR STATE PEGISTRAR		DEPART		EALTH AND MENT.		REG. N	o.	2. 2	2 9
		CEASED NAME Phill	is R	R F	atte	rson	20	a. DATE OF DEATH	AD HTHOM		26 HOUR
ector. page 3 rs after death	3 SE	× F	4. RACE	V	5. DATE C		6. FAR	AGE (IN YEARS LAST BIR	THDAY) IF	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
in 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) VAL.	76 CITIZEN OF WH	AT COUNTRY?	MARRIE!	D NEVER MARRIED DIVORCE	ED 1	BALTIMORE CITY O		OF DEATH	м
filled with		AUDMING CITY	II. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE STREET		ROTHER INSTITUTION	ON 12	USUAL OCCUPATION OF WORK FOR MOST C	on etire etire	126. KIND OF INDUSTRY	BUSINESS OR Make
filled in rould be		AL RESIDENCE IF NURSING HOME STATE 136 CO		ERESIDENCE BEFOR CITY OR TOV BALDMU	VN	13d. INSIDE CITY LIA YES DX NO [STREET ADDRESS			51993
exomine exomine	14 F/	ATHER'S NAME FIRST ONK	MIDDLE	Than	iel	15 MOTHER'S MAIL FIRST MATTIE		WIDDLE		7 U	nun
Paget 1 and medical exa		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST	SOCIAL SECT		IT INFORMANT Gilbert	Patte	erson,30			
a physicia an paper emavol. event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED				ANT BANE	51			4.1	MATE INTERVAL INSET AND DEATH
ed by the attending leose remove carb riol, cremotion, arrial ar other traumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		S A CONSEOU NO SEASI S A CONSEOU	5					2+	DAYS
Then p to bur	NO	PART 2 OTHER SIGNIFICAN			DEATH BUT	NOT RELATED TO TH	HE TERMINA	al disease or con	DITION GIVE	N IN PART 110	
rist permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES □ NO □	206. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED OF DEATH? NO
Mental Hygin I sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.M.	MONTH D	AY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
olth and Me morked ar I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	To the same	CITY OR TO)WN	COUNTY	STATE
P. V. P. L. S. L.		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 11/28	19_	11/31	, 17.	-	th occurred on the di			that (we) los couses stated
RAL DIRECT detached for ate Dept. o AT: If Item 2		226. SIGNATURE	5		M		DING I	MEDICAL STAI	FF IAN A	11 /58	1
should be deta with the State [IMPORTANT: If		KENT E. KL		E/A		-	NIMMS	ITY HUSPIT	BAIM	ione m	סכו 6 מי
5 6 2 5											

OF MARYLAND



- STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian deoth accurred an the date and hour and fram the causes stated 22c DATE SIGNED 84 Buri Al BELAGE MEmorial GANDERS Nov. 4, 1987 BELATE HArford Co. Maryland 21014 250 DATE REC'D. BY REGISTRAR 255 REGIST AR'S SIC TOSEPH William Foster 50 W. Broadway & Lizilliams St. DHMH - 16 60M 7/84 BEI fir MANJAN 21014 Sprilwille Fritze (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

The Month

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Devidence

Bowie, MD

Home

Beall Funeral

(VRA 15, 4)

PERVON SOCIETA STORY STORY

(21215)

(VRA 15, 4)

THE RELEASE OF THE PARTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

	CEASED NAME	FIRST	٨	MIDDLE		LAST			2a. DATE OF	DEATH	MONTH	DAY	YEAR	2b. HO	UR
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3. SEX	X	4.	RACE			E OF BIRT			6. AGE (IN YE	ARS LAST B	IRTHDAY)		DER I YEAR	IF UNDE	R 24 HRS
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M	ARYLAN		US	A	WIDO	WED 🗌	DIVO	ORCED O			City				N
B	ALTIMOE	8	DEAT	H FACILITY, GIVE	STREET ADDRESSI	1774	HER INSTIT	TUTION	120. USUAL O (TYPE OF WORK Homes	FOR MOST	OF WORKING		b. KIND O IDUSTRY	F BUSIN	ESS O
13a. S	AL RESIDENCE (IF NOI STATE Md.	13b COUNT		Balt	NWOTS			Y LIMITS?	13e STREET A 1100	DDRESS Bolt	/ ZIP CO	DE	21 201		
4. FA	THER'S NAME	4.41	DDLE	146		15 M		MAIDEN NAM		A					
9	Willia	m.	DDIE	Tickel	1	S	Sadie	R<7 +	,	DDIE		Krai	ntz [AS		
6a V	VAS DECEASED EVE	R IN U.S. ARMI			SECURITY NO	. 17. IN	FORMAN	IT		ADDF	RESS				
()	VES. NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES	213-1	2-288,	3 Dw	vight	C. St	one, 7	+27	Harfo	rd 1	Rd. 2	2123	<i>l</i> <u>±</u>
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only	one cause per	line for (a), (b), and (c).)					-			BETWEEN	MATE INTE	RVAT
	PART I. DEATH	MAS CAUSED IMMEDIATE			SEASS									153	
		IMMEDIATE										,			
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			DUE TO, OF	R AS A CONS	SEQUENCE OF	4	1110	IN FUNE	2 (Cm)	AMAID	15 (151	1			
	Conditions, if on		(b)	R AS A CONS	ENVIV	7 (Anc	INDMA	+ (sa	AMERICA	AS CUEC	-L)			
	Conditions, if on gove rise to in couse (a), stat	mediate	(b)		ENVIV	7 (Anc	INDMA	+ (sai	AMMO	as CIEC	-()			
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NO	gove rise to in couse (o), stat	imediate ing the e last.	(b) DUE TO, OF	R AS A CONS	SEQUENCE OF	<u>ጎ</u> (1					PART 110		
ATION	gove rise to in couse (0), stat underlying cous	mediate ing the lost. GNIFICANT CO	DUE TO, OF	RAS A CONS	SEQUENCE OF	UTNOTR	RELATED TO	O THE TERMI		OR COM	VDITION G	IVEN IN	PART 110		. D
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DHMH - 16 60M 7/ (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item, 18 shows any injury, or other traumatic

Leonard J. Ruck, Inc., 5305 Harford Rd.

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71359 15V 16 67 25 Lindy Red Wall

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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61	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENT		ENE 8 /	J .	2 2	3 6
		CEASED NAME FIRST ELSIE	JUANO		EMBE	ERTON	-	to or our		YEAR +: 87	26 HOUR 8 50 P M
	3. SE)		4. RACE	u	S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	BLACK		A MONTH	DAY Y	24	63	YRS.	ONIHS. DAYS	HOURS MIN.
7		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	8. MARRIE	D NEVER MARRI	ED 🗆	9. BALTIMORE CITY O		OF DEATH	
2		MD	U.S	S.A.	WIDOWE	DIVORCE	ED 🗌	BALTIMO		ITY	MD
1		BALTIMORE		OSPITAL, NURSIN ACILITY, GIVE STREET / CHARLE	ADDRESS)	NERAL		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O UNEMPLOY	F WORKING LIFE	INDUSTRY	A A
2	USUA 13a. S	ALRESIDENCE (IF NURSING HOME OF STATE 136 COUN	VTY 13	VE RESIDENCE BEFORE BALTIMOR	N	13d. INSIDE CITY LIA		13e STREET ADDRESS 2	ZIP CODE	TREET	21218
5	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAM	E MIDDLE		LA.	51
2		CHARLES		COSTON		EVELY	N	, and the		STEW	ART
П	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT	1	ADDRE	SS		
		NQ.		216-20-2	768	WANDA PE	MBER	TON 712 EAS	ST 21s	t STRE	ET
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one cause per lin	ne far (a), (b), and	d (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
			E CAUSE (o)	septic	emrc	X					
- 1	11	4 3/AVA (3/	DUE TO, OR A	S A CONSEQUE	NCE OF	0.					
- 1		Conditions, if any, which gove rise to immediate	(b)	bulmond	cyrc)	edemol					
-		cause (a), stating the underlying cause last.		AS A CONSEQUE	NCE OF	enhalopati	hy				
	NOI	PART 2. OTHER SIGNIFICANT OF	1			NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	a ·
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITK	ON FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDS	
5	CER	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI			
1	AL	OR CONTRIBUTING CAUSE OF DEA		MONTH DA	Y YEAR						
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY		211. LOCATION		CITY OR TO	wN	COUNTY	STATE
1	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET	, FACTORY, OFFICE, FA	ARM, EIC)	1 1			,		01111
1		220 I certify that (I) (this hospi sow the deceased alive an	11		7 , ar	nd that in (my) (our)	27 opinian de	to 11 4	ate and hour	and from the	that (1) (we) last causes stated
1		abave, (1) (we) (did) (did no 22b. SIGNATURE	f) view the body of	les death		DEGREE				22c. DATE	SIGNED
		100		PELLE	- N	ATTENI PHYSIC		MEDICAL STAF			
		22d PHYSICIAN'S NAME (TYPE O	X- DESMI			Worth C	hal	es com 1	thest	p11-1	Balhmane
	- {	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 11/10/8			EMETERY OR CREMA		k LÄURET,		COUNTY	MDATE
		JNERAL DIRECTOR		ADDRESS			25a DATE		256. REGISTR	RAR'S SIGNAT	TURE
	MM	I. C. MARCH F?H	, INC. 1	101 E. N	NOR TH	AVENUE	MU	V 1 0 1987		Sandan.	Rondres

DHMH - 16 60M 7/84 (VRA 15, 4)

NEUTRICE CONTRACTOR OF THE PROPERTY OF THE PRO

FOR STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT)

3 SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

L HYG	ENE 8	7		3	2		2	3	3	
			G. NO.							
,	20 DATE	OF DEA	TH M	ONTH	DAY	1	EAR	2b H	OUR	
Jr			11	7	4	8	7	2	A	М
	6 AGE	IN YEARS L	AST BIRTH	DAY)	IF U	NDER	1 YEAR	IF UNI	DER 24 HR	_
5		7	2	YRS	MON	1113	DAYS	HOUR	MIM	۷.
	9 BALTI	MORE C	TY OR	COUN	TY OF	DEA	TH			
	B	al	7	' (el					۷D
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ne	TYPEORY	york for a	ed	WORKING	(IFE)	B		lehe	MS	7
ITS?	13e STREE						15	2/2	15	
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Λ		A	DDRES:							
Pe	erry		370	25	Seg	Ru	oja		fre	1
							APPROX	IMATE IN	ND DEAT	н
					-					

	The state of the s		2	0113	/	YRS	
pi	To BIRTHPLACE WIATE OR FOREIGN Th	CITIZEN OF WHAT COUNTRY?	88	621	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
9	COUNTRY) NA	1100		NEVER MARRIED	117	150	
	14		WIDOWED		Barry	are	MD.
2	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A) 		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KINNO OF BU	JSINESS OR
4	Kalt mare	(IF NOT IN SUCH FACILITY GIVE STREET A	Te	des it Could	TYPE OF WORK FOR MOST OF WOR	4 4 3	Stee
		Men		accar apo	- Ketirea	Bethler	lem
60	USUAL RESIDENCE (IF NURSING HOME OR OF A 136 STATE			13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE _ 7	3.6
1	MI	Baltin		YES NO	3702 Sear	1010	213
	I4 FATHER'S NAME	Carifin		15 MOTHER'S MAIDEN NA		10100 1700	
201		DDLE LAST		FIRST	MIDDLE	1 LAST 1	
	benes	T. Perry		Vella		Hugh	ies
	160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRESS		
		WAR OR DATEST	2 00	11. 11. 0	22	C	1 -
	Yes	220-019	389	MIS. Ulola T	erry 3702	. Sequoja	Ave
	It CALISE OF DEATH (Enter only	ane cause per line for (a), (b), and	ıc			APPROXIMATI BETWEEN ONSE	EINTERVAL
	PART I. DEATH WAS CAUSED					BETWEEN ONSE	TANDUCATH
	IMMEDIATE	CAUSE (a) Ny Dates	120	2			
	The second second	DUE TO, OR AS A CONSEQUE	ICE OF				
П	G - 100 - 10		_	0 7 2	alachie		
М	Conditions, if any, which gave rise to immediate	(b) UNINCA	VY	LAUX T	1960100		
П	cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		0		
П	underlying couse last.	Cancon	PASIS	to to aline	An e don 101		
П		10	1700	210 0 W W	MA SANS		
		ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 110	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ia					
7	A 19a DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS	USED
1	LE LE					CERTIFYING CAUSES OF	
5.	Ē				YES NO	YES 🗍 N	10 🗆
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM TE PART T OR PART 2)	
ŝ							
7.	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
91	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
		(AT HOME STREET, FACTORY, OFFICE, FA	RM ETC]	SIRCE	em on to m		
	AT WORK AT WORK		11 57		74 10	Ex -7	
	220 1 certify that (1) (this haspita	i) attended the deceased from	PN	18 9	1, 10 2 1 1001	19, that	t (1) (we) lost
4	sow the deceased alive an_	24Not 198	and and	d that in (my) (our) pinion	death accurred on the date a	nd have and from the cou-	ses stated
	obove, (I)(we (dig) (did nat)	view the bady after death.		DEGREE		22¢ DATE SIG	NED
	The second second		VIA	ATTENDING	MEDICAL STAFF	22C DAIL SIO	106.3-
	Hallend	MANC	M	PHYSICIAN [X 24 No	17 1987
	22d. PHYSICIAN'S NAME (TYPE OR	no-l		22e ADDRESS		- 110	21.7-7
	1 1 1				1 1 1 1	DIL	2.2.
	I KILLA I	21/1		12600 his	ON ON MA	: IMIT	11/11

231 NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

23d. LOCATION

Baltimor BY RECULERABILY

COUNTY

Md

23b. DATE

11/28/87

Wm. C. March F/H West 4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT, IF

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

AND SERVICE TO SAND

		76		,	FOR			DEF		TE OF MARYLAI HEALTH AND M		ENES 7	.5	2 2	3 9
173	64	4 DI	EC -2	87	STATE REGISTRAR					FICATE OF DI		REG. I	10.		
					CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	pe pe	director, page 3 hours after death		LITTE	OKPKINI)	MARY			PETR	LIK		NOVEMBER	30,	1987	8;30A M
	90	p ser d		3. SE	(4 RACE			OF BIRTH		6. AGE IN YEARS LAST E	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ge 4	irs of			Female		White		Se	5t. 25 1	920	67	YRS		HOURS MIN.
	9	hou 2	300	700	RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	ED NEVER M.	ARRIED -	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
	death	un 7	8/	2	Marylar		USA		WIDOW	ED A DIV	ORCED	BALTIMOR	E CIT	Y.	MD.
101	rs after o	by the filled with	2		TY OR TOWN O	FDEATH	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTI HOSPITAL		12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	OF WORKING	GLIFE) 126 KIND (INDUSTRY	OF BUSINESS OR
W. PRESTON ST., BALTIMORE, MARYLAND 2120	24 hou	filled in	35	13a. S	AL RESIDENCE IN TATE Md.	IN COU	or other institution INTY Lto.	13c. CITY OF	BEFORE ADMISSION TOWN dalk	134 INSIDE CIT	IY LIMITS?	13. STREET ADDRESS 7705 Mea	th Ro	ad 2122:	2
RYL	vithir	12 sh	42	LAYFA	THER'S NAME		MIDDLE	LAS	NI.	15. MOTHER'S	MAIDEN NAM	MIDDLE			CT
WA	ped	completely 1 and 2 sh	6		Charle	es	Minore	Winkl	er	Mar	Ÿ	MIDDLE		Oppitz	.31
S. S.	execut	Pages 1	dical U		AS DECEASED		RMED FORCES?	1	SECURITY NO.	17. INFORMAN		ADD			
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ST.	certificote	bang remo	eve		97	MMEDIA	TE CAUSE (a)	Keine	ratury	wel lan	ellere	trea		52	Hrs
NO.	death	cork	fraumatic event,		104	3 /	DUE TO, O	11 -	SEQUENCE OF	1001	-0	0. 11.			1.
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× .	th to	y the	other		couse (a), underlying				SEQUENCE OF	1	2	d Carcena	10.10	3	415
201	th se	pleo pleo	ō		PART 2 OTHER	SICNIEICANIT	167	Wides				NAL DISEASE OR CO			1
DS,	do.	sign Then to by	ulary,	NO	TAKTE OTTICE	SIOITI ICAITI	CONDINONS C	ON TRIBUTIA	STO DEATH DO	THOI KEENIED	TO THE TERMIN	TAL DISEASE OR CO	ADITION C	SIVEIN IN FART II	0
Ö	*	mit. prior	Au T	ATI	19a. DATE OF O	PERATION	19b. COND	ITION FOR W	HICH OPERATION	ON WAS PERFOR	MED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
28	he lo	S e e	8	CERTIFICATION	11/15	184	Muc	a epider	wed Con	tenenua		YES NO		TIFYING CAUSES	S OF DEATH?
VIT	JAN: The		8 sh	CER	21a. ACCIDENT W				H DAY YEAR	21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF IN	URY IN ITEM I	8 PART I OR PART 2}	
90		s certif burial-t	4	CAL		CAUSE OF DE	AIN	м.	19	1.50					
DIVISION OF VITAL RECORDS,	G PHYSICIAN:	DR: After this r use as the but Health and M.	morked or	MEDICAL	WHILE AT WORK	CURRED		OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC)	211. LOCATION	N	CITY OR I	OWN	COUNTY	STATE
	ATTENDING	Se o	S mo		22a I certify th	at Kithis hosp	oital) ottended th			16	, 19 37	to NUV	30	1987	that (we) last
- 1	R ATTEN	100	0.15		sow the deabave, (1) (eceased alive a	at) view the bady	after death.	19 87	and that in (a)	our) opinion d	eath occurred on the	date and h	our and from the	causes stated
	Dr E	DIREC sched f Dept o	EN T		226. SIGNATUR	E				DEGREE				22c. DATE	SIGNED
	ITAL O	deto deto	5 1		Marke	fler in				PI		MEDICAL ST.	ICIAN 🔯	NOV	30,1987
	0	d be Sie	RTA		224 PHYSICIAN					22e ADDRESS					
	O HOSI	TO FUNERAL I	Q J		MARKF	URIN MI				JOHNS 14	opkins the	SPITAL			
	75	⊢	_	23a. 8	URIAL, CREMAT	ION, REMOVA				CEMETERY OR CI		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP.		-		Buria		12/3	/87	HolyR	edemeerC	emetery	y Balt	imore	· ·	Maryland
		16 50M 1/ RA 15, 4)	/81	24_FU	NERAL DIRECTO	OR		C _ ADD	RESS 71. 27	222	25a. DATE	REC'D. BY REGISTRA	R 25b. REG	STRAR'S SIGNA	TURE
	lan	(rt 13, 4)		'	onnelly	Funera	al Home	ot Dun	datk 71	<i>LLL</i>	DECC	1 1987	, Jane		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	67 STATE REGISTRAR	•				0	0.	to the	-3	
	1. DECEASED NAME FIRST (TYPE OR PRINT) BABY GIRL								8;20A	A M
	DI CERASEN NAME (1981 CORRESTINANE (1981 COR									
	female	white				1 day	- 1	ONTHS DAYS	HOURS	AIN.
	TO BIRTHPLACE (STATE OFFOREIGN		WHAT COUNTRY?			9. BALTIMORE CITY C		OF DEATH		
1	Md.	U.S.	Λ			BALTIMORE	CITY			MD.
1	BALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDI	RESS)		(TYPE OF WORK FOR MOST O		INDUSTRY		OR
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADA		13d. INSIDE CITY LIMITS?		ot Ave			_
À	1.11.01						Gur	VS LAS	Т	
	The second secon			Y NO.		ADDRI		1 -	-	
		E WAR OR DATES)	n/a		Beinhauer M	ortuary, P	itts.	Pa. 152	216	
	PART I. DEATH WAS CAUSE IMMEDIA! Canditions, if any, which gove rise to immediate	Ď BY: TE CAUSE (o)	Cardio pul	mS?	0	vere)	7	Phr	DNSET AND DE	ÀIH
		DUE TO, O	RAS A CONSEQUENCE	Pr	enaturity			16hrs		
		CONDITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	EN IN PART 110		
	190 DATE OF OPERATION	195 COND	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED		IN CERTIFY	YING CAUSES	OF DEATH?	
-	OR CONTRACTOR CONTRACTOR	HOUR A.	M. MONTH DAY		216 HOW INJURY OCCURR	ED (ENTER NATURE OF MILL	RY IN ITEM 18 PA	ARI I OR PART 2)	16	
				ETC)		CITY OR TO	IWN	COUNTY	STAT	E
	saw the deceased alive on	No	1 13 19 8			, 10			111 111	,
	22b. SIGNATURE	200	1110					27c. DAJE	SIGNED 187	
	224 PHYSICIAN'S NAME (TYPE O		Ma	d E	The state of the s	(h. (.(Y)	NI (1)	fo 12-	// N	100

DHMH - 16 50M 1/81 (VRA 15, 4)

Schimumer Funeral Home, Inc.

23a. BURIAL, CREMATION, REMOVAL Removal

FOR

11/13/87 3331 Brehms Lane Balto. Md. 21213

23c. NAME OF CEMETERY OR CREMATORY Queen of Heaven

23d LOCATION
CITYORTOWN
S. Peters, Wash. Co., Penna. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

nemert

on

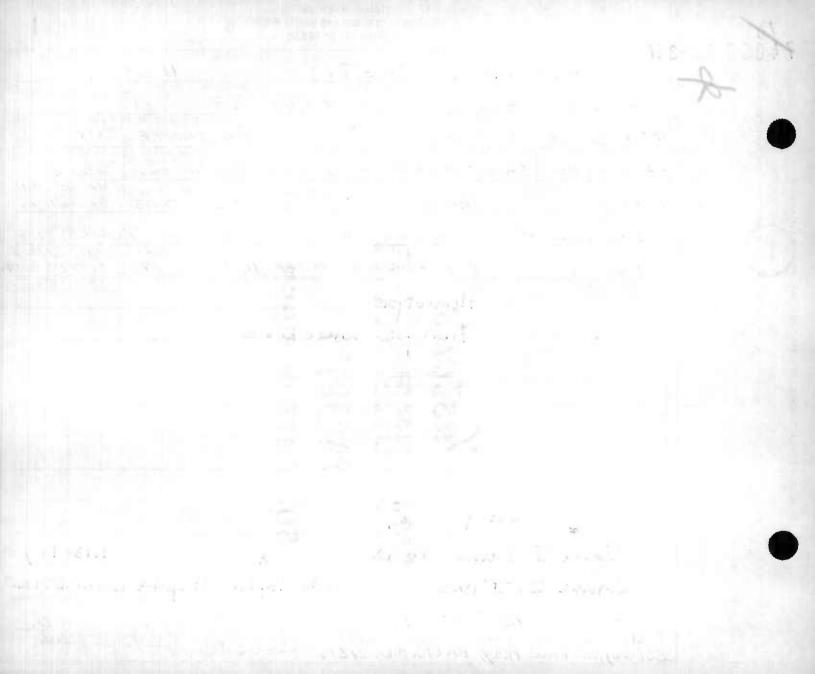
Petticord

Michelle

Gmys

n/a

BeinhameM Mottuary, Pitts. Pa. 15216



	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYC ICATE OF DEATH	0 /	, NO.	2 2	4 2
322 NOV	hof	SASED NAME FIRST	MIDDLE		t.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
poge 3	U	AGNES	E.		PE	EYTON		11 8	87	7 Am
mo)	3 SE	(4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAS	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4	-	FEMALE	WHITE	17.65	монтн 2	10 19	68	YRS.	MONTHS DATS	HOURS MIN.
S G		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CIT		OF DEATH	
eoth nero		IARYLAND	U.S.A.	7/657	WIDOWE		BATTIM	ORE CIT	TV	MD
D 9 4 7		TY OR TOWN OF DEATH	11. NAME OF HOSP		HOMEC	R OTHER INSTITUTION	120 USUAL OCCUP	ATION	12b. KIND OF	F BUSINESS OR
t to the	B	ALTIMORE	DEATON	HOS	PITI	46	LINE WORK			ASS CO.
d be		AL RESIDENCE (IF NURSING HOME STATE 13b. COI		CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CODE	2122	3
The state of the s	M	IARYLAND -		BALTIMO	RE	YES 🔀 NO 🗌	3390 ST.	BENEDI		
2 sh	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
log xox		FREDERICH	н.	LEIDLI	CH	JESS:		М	PARL	
Poges		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b	SOCIAL SECUR	ITY NO.	17. INFORMANT		DRESS		.223
n and Poges	,	NO		17-18-0	622	George H. Ca	annon 339	2 St. F	Benedict	
signed by the atten- sen please remove or buriol, cremotion, ury, ar ather troums	z	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last				NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIV	EN IN PART I I a	
nit. Th	ATIO	Diabetes Melli	tus, COPD	FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES	S, WERE FINDIN	GS HSED
sit perm giene pr	CERTIFICATION						YES NO	IN CERTIF	YING CAUSES	
certificate hos unial-transit per tental Hygiene.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M.	MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	
After this e os the bu	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA		RM, ETC }	21f. LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
OR: OR: I is		220 I certify that (I) (this has saw the deceased alive above, (D(we) (did) (Did			00t	id that in (my) (a)) opinian	, taO_C_ death accurred on th	e date and hav	19	that (I) we last
by the haspi		224 PHYSICIAN'S NAME (TYP	Hricz	death.	M	ATTENDING PHYSICIAN [MEDICAL S	TAFF SICIAN D	22c. DATE:	9/87
should be det with the Stote		LINDA (P. HRICE			611 S.Cho	urles St.	Bo	Utimor	18
		SURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1	COUNTY	STATE
BP		BURIAL	11/10/8	7 LO	UDON	PARK CEM.	BALTIMO	-		ARYLAND
DHMH - 16 60M 7/84		JNERAL DIRECTOR		ADDRESS	212	29	TE REC'D. BY REGISTR	100	RAP'S SICHATI	
(VRA 15, 4)	H	UBBARD FUNERAL	HOME, INC.	4107	WILKE	NS AVE NO	N A LAC	Chilta	Dendern-K	100000

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		ron				OF MARYLAND		1 2 1	0 2 4	3
16 DEC -28	1.	FOR - STATE REGISTRAR		DEPARTN		ALTH AND MENTAL H	YGIENE 7	NO A	See See	
	1. DE	CEASED NAME FIRST	. A . M	IDDLE	LAS	ī	20. DATE OF DEATH		YEAR 26 HOUR	2 . 1
oy be	(TYP	OR PRINT)	cholu	m.		I. OTRO		11 7	187 12	2
pog r de	3. SE	X	4 RACE	3 111	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST)	BIRTHDAY) IF	UNDER TYEAR OF UNDER 2	4 HRS
ector,	IV.	iale hu	de	2 hite	MONTH 12	DAY 1960	8	A YRS.	NIHS DAYS HOURS	MIN.
Poor House	7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	□ NEVER MARRIED □	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
In 72		Mayland WA	USA		WIDOWED		BH	7(71-5	2 Co)	MD
ter with the series	10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OTHER INSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOS		126. KIND OF BUSINES	SOR
by the		.1 timore	South Bo	alternare	General	Husp. tol			isorTrans	sit
be be	USU 13a.	AL RESIDENCE HE NURSING HOME OF		13c. CITY OR TOW		3d. INSIDE CITY LIMITS?			21230	
古 直景 十二	Ma	ryland		Baltin		YES NO	433 E.F		e.Balto.M	id.
1	14. F	ATHER'S NAME				5. MOTHER'S MAIDEN N				
1111	1)	france]	Llus	Pfiste	r	There	esa		Fritz	
the Bury of		WAS DECEASED EVER IN U.S. A		16h SOCIAL SECU	RITY NO.	7 INFORMANT		RESS	Pasadena,	Md
	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	213-10	-029	Cecelia	A.Nolan, 1	78 Rol	and Rd.21	12
the The				lander (n) (h) nor	dient.				APPROXIMATE INTERV BETWEEN ONSET AND D	
pop novo ent,		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS		Con &	- C	175 2			BETWEEN ONSET AND D	EATH
rbon r ren		IMMEDI	ATE CAUSE (o)			101				
e co on, o		Caralter of the state	DUE TO, OR	AS A CONSEQUE	NCEOF	En Po	Codsi-	,		
move notice trou		Conditions, if ony, which gove rise to immediate	(b)	1000	rat	by or ,	10/01			
y the crem		couse (0), stating the underlying cause lost.	DUE TO, OR	AS A CONSEQUE	NCE OF	6.6	-;			
ed be pleo riol,		PART 2. OTHER SIGNIFICANT	(0)	2010111101011	EATH OUT N	01.051.1150.116.115	, , , , , , , , , , , , , , , , , , ,			
sign hen to bu	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS	O A C	EAIN BUIN	OT RELATED TO THE TEL	KMINAL DISEASE OR CO	NDITION GIVEN	IN PARI HO	
mit. T prior	₹	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	120b. IF YES. V	VERE FINDINGS USED	
K nee o	CERTIFICATION								NG CAUSES OF DEATH	1?
nsit ygie sho	EE	71a. ACCIDENT WAS UNDERLYING	71b. TIME OF	NURY	1	21r HOW IN JURY OCCU	JRRED (ENTER NATURE OF IN			
is certificate buriol-tronsi Mentol Hyg		OR CONTRIBUTING CAUSE OF D	HOUR A.A		Y YEAR		(Eliter value of the			
certification of the certifica	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	(ER) P.A		19	TH LOCATION				
2 . 2 . 2	ME	WHILE O NOT WHILE O		EET, FACTORY, OFFICE, FA		STREET	CITY OR	IOWN	COUNTY STA	ATE
After the os the olth once morked		AT WORK AT WORK				15-1 6	77 / ->	1	83	
TOR: vse for use of Heo		220 I certify that (I) (this has	11/1	degeosed from_	8719	19-8	, 10 ///	19	, that (I) (we	
		sow the deceased alive a above, (1) (we) (did) (did r	311	ofter death.	0		on death occurred on the	date and hour o		ed
DIRE Dept. f herr		27b. SIGNATURE	R		DE	GREE			224 DATE SIGNED	10
detocl	-		120	- whi		ATTENDING PHYSICIAN		AFF	11/6/	0
0 10 0 10	1	226 PHYSICIAN'S NAME (TYPE	OR PRINT)			27e. ADDRESS	, ,			
		Br	mo		75.77	300	15. +/AZ	JOVE,	ns.	
ohs ohs		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. N	AME OF CE	METERY OR CREMATOR	Y 123d LOCATION			
BP		Burial	11/30	0/87 H	oly C:	ross Cemt	· Ballto.	A.A.Co	Maryland	ATE .
		UNERAL DIRECTOR	Balto.	Vid - 21230)	250 D	ATE REC'D. BY REGISTRA	R 256. REGISTRA	R'S SIGNATURE	
HMH - 16 60M 7/84 (VRA 15 4)	N	IcCully Fune	ral Home	130 F	Fort	ATTO ME	CO 1 1007	de San Jan	den Brokell	

0721	679 NOV	23					MENT OF	HEALTH		NTAL H	(3)	- 1	3	2 2	2 4	4
	ш ю .		REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDDLE W.	EXAMIN		LAST	AIEO		OF EST	11-	MONTH D	DAY YEAR	26 HOUR
	DELAY IS NECESSARY, PLEASE 310 THE FUNKRALDIRECTOR. IN PAGE 5 FOR YOUR FILES. DIE FILED, WITHIN 72 HOURS RDS, DI W. PRESTON STREET,	3. SE.	emale	Elaine RACE White	5. DATE OF BIRTH	YEAR 34		ARS IF UN	ppille	HOURS		DEATH MAT		11-9 MONTH T	19 87 DAY YEAR 19 87	1:23 P. M
•	NECESSA UNERAL S FOR Y WITHIN	S	RTHPLACE (STA PREIGN COUNTRY) Outh Cas	rolina	76. CITIZEN OF WH	SA		WIDOW		DIVORCE	D 0	Baltimore Baltim	ore	City,	OF DEATH	MD.
3	DELAY IS 3 TO THE F		Baltimor	re		COUL	TREET ADDRESS) S HOSP:	ital	ER INSTITUT	ION	FOR M	ALOCCUPATION OST OF WORKING LES)N (TYPE (OF WORK 12b	OR INDUST	ISINESS RY
0.21201	OURS AFTER DEATH. IF ANY DELAY 18 GIVE PAGES 1. 2, AND 310 TI 3 WITH FORM PAR 3. RETAIN PAR INIT. PAGES 1 AND 2 SHOULD BE FI IE, DIVISION OF VIRAL RECORDS, 7	13a. S M	aryland	13b. COUN	R OTHER INSTITUTION, GIV TY	13c. CITY	or town timore)N)	13d. INSIDE CIT Yes 🔀	NO 🗌	3543	et address 3 Chest	nut	Avenu	e 212	11
ORE, MD.	GES 1.2		ATHER'S NAME FIRST		(unknown)		LAST		15. MOTHER	rst	N NAME		know		LAST	
BALTIMORE	S AFTER GIVE PA THE FOR PAGES 1 IVISION	160. \	es, no, or unknow No		WAR OR DATES)	248	-52-69		Antho		hill:	ippille	354		21211 stnut 1	Ave.
CONDS, 201 W. PRESTON ST	E LÆCUTED WITHIN 24 H JING" IN PENCIL IN ITEM TAL EXAMINER ALONI A BORIAL - TRANSIT PER H, AND MENTAL HYGEN EWATION; OR REMOVAL.	NO	Conditions gave fine cause (a) s lying cause	if any, which to immediate tating the <u>under</u> class.	CAUSE (a) SE	itest MS A CON	inal Pe	erfor		GIVEN IN FART	() (a)					
DIVISION OF VITAL RECORDS,	SHOULD BOOKD "PEN CHIEF MEE E USED AS T OF HEAL	CERTIFICATION	19s DATE OF C			2001120	WHICH OPER	ATION W	AS PERFORM	(ED)				12	YES XX	
ONOF	G THE W TO THE WHOULD BARTMEN	MEDICAL CER	Personal Property and Property	OR CAUSE OF D	EATH P.M.	MONTH	DAY YEAR			DCCURRED	TENESK MA	ETURE OF BUILDING IN	CEM TEPA	BT (OR PART 2)		
DIVIS	WARDED WARDED PAGE 3 S TATE DEF	MED	WHILE AT WORK		21st PLACE O				CATION			CITY OR TOWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE A SHOULD BE FORWARDED TO THE CHIEF A FORE A SHOULD BE SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BANTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		death resulted	AME Denn	is F. Smyt	wy.	m	ly	omicio TITLE (SPI ASSIS	stant	MEDIC	Inquiry		24CMAETA-	11-13-	
07/84	Bb	(SPEC Cremat		36 DATE 11/18/87		reen Mo	AETERY O	R CREMATOR Cemete	ery		iltimore			Maryla	and
25M	DHMH - 17 (VR A15 ME (5))		NAME Alan		ADDRESS	land	Ave.	21211			N 2	1 1987			NATURE CACCOLO	.12

(VRA 15, 4)

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71025 NOV-	687	FOR STATE REGISTRAR			DEPARTM		CATE OF DEATH	GIENE 8 7	10.	2 2	4 0
	I. DE	CEASED NAME	FIRST	MIDD	DLE	LA	ST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 7
ay be	(1YP)	OR PRINT)	OMAS		JOSEPH	P	IAZZA	NOVEMBER	1, 198	7	11:40 M
ad book	3. SE	X		4. RACE		5. DATE O		6. AGE (IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
office of the second	M	ale	7.7	White		Oct.	4, 1912 YEAR	7.5	YRS.	INTHS DAYS	HOURS MIN.
2 42/40	7a. B	RTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF WH	AT COUNTRY?	Я		9 BALTIMORE CITY		F DEATH	
# 35 37		ountry) ew York	1	U.S.A		WIDOWEL	NEVER MARRIED DIVORCED	BALTIMO	RE CIT	Ϋ́	MD.
4 14 A		TY OR TOWN OF DEA	TH	11. NAME OF HOS	SPITAL, NURSING	G HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPA			F BUSINESS OR
- + 10 5		BALTIMORE	/	THE JC	CILITY, GIVE STREET A	KINS	HOSPITAL	Designer	OF WORKING LIFE)	Cloth:	inc
BALTIMORE, MARYLAND 2120 Cott be executed within 24 hours ystean and complete filled in by your on, the medical restriction for the		AL RESIDENCE (IF NUM		OTHER INSTITUTION GIVE		ADMISSION)		1		CIOCII	IIIg
10 7	APPENDIX.	STATE	Balt:		CITY OF TOWN	1	134 INSIDE CITY LIMITS?	1 Smeton	n Place	2120	/1
A TOTAL	Statement	aryland THER'S NAME	Dalt.	Imore I	Towson		YES NO X		TTACE	2120	7
ARY THE	(1)	FIRST	,	MIDDLE	LAST		FIRST	MIDDLE		TT. 1	
		nknown VAS DECEASED EVER	INI LL C. AD		nknown b. SOCIAL SECUR	UTVAIO	Gracie	ADDI	PECC.	Unkno	wn
IOR Band Band Band	1	res, no or unknown)		E WAR OR DATES)						410	
1 54 C	N				86-10-24		Rosena M.	Piazza - s	ame as		
V ST., BAL		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly one couse per line	for (a), (b), and	(c).)	1				MATE INTERVAL
ST.		TAILT II DETTIN		E C AUSE (a)	Lard	ijac	grest			1/21	+5min.
O Signatura				DUE TO, OR A	S A CONSEQUEN	NCE OF					
W. PRESTON ST the death cert y the attending re-report pro- ce report pro-		Conditions, if ony,		(b)						-	
		couse (a), statin	g the	DUE TO, OR A	S A CONSEQUEN	NCE OF					
S S S S S S S S S S S S S S S S S S S		underlying couse	lost.	(c)		-1-1-1					
S, 201	-	PART 2. OTHER SIGN	JIFICANT C	ONDITIONS CONT	FRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ADITION GIVEN	IN PART 110	,
ON STATE OF THE PARTY OF THE PA	ا فِي	Corava		artery	disease						
DIVISION OF VITAL RECORDS, THE FOW requires of this certificate has been signed by the non-vision permit of the hond-vision permit of the hond-vision permit of the north Americal Hygiense piece of the north Americal Hygiense piece of the north and sevent of the north of the nor	CERTIFICATION	190. DATE OF OPERA	NON'	196. CONDITIC	ON FOR WHICH (OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
AL R	_	10/26/	\$7	(oron		tery o	iserse	YES NO	YES		NO 🗌
VITA Nysicie icote ronsit Hygin 18 sho		210. ACCIDENT WAS UNE	Super			Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	URY IN ITEM 18 PAR	1 1 OR PART 2)	
SICIA SICIA SICIA Cerrifical-transiol-transiol-transiol-transiol-transiol-transion-t	CAL	OR CONTRIBUTING		THE STATE OF THE S		19	100				
HYS ndin d Me ar Is	MEDIC	216. INJURY OCCUR	₹ED	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	Die FYG)	211 LOCATION	CITY OR I	OWN	COUNTY	STATE
VISI G Programmer of the content of	1 2	WHILE NOT WH	RK	TAT HOME STREET.	FACTORY, OFFICE, FA	KM, EIC)	3,112				
A S S S S S S S S S S S S S S S S S S S		22a.1 certify that (1)	(his hospil	tall attended the d	eceased from	10	25 19 8	7	11 11	87	that (I) (we) last
2 美麗		sow the decease	ed olive on.		19	87. on	d that in (my) (our) opinion	death occurred on the	date and hour (
A A DOS		226. SIGNATURE	lia) (ala noi	1) View the body off	er death.	E	PEGREE			22c. DATE	SIGNED
0 2 0 30 =		Lail	u B	hlow	Lar	M	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIANI D	11/0	1/87
O HOSPITAL O HOSPITAL TO FUNERAL HANDER BE GETCH HANDER BE STOTE MAPORTANT: I		27d PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22. ADDRESS	JHH	CIAITE	1 /	1"
Sept and A	1	1	5. 0	OUSAR			GAA N W	OLFE STRE	?=+		
0 6 2 5 1 34	-	()	DE M CHILL		100	AME OF S			101		
1000 - 14,01		BURIAL, CREMATION,	KEWOVAL	236. DATE			METERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
BP		urial UNERAL DIRECTOR		11-4-8		oodla		Woodlawn ATE REC'D. BY REGISTRA		alto.,	Md.
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME			1050		Nu.		A	ACEDONAL	
(**************************************	R	uck Towson	Fune	ral Home,	Inc.,To	owson	, Md.21204 N	V U 5 1987	1 sta	Drainery.	Variation

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-FOR YOUR FILES.
WITHIN 72 HOURS DEATH MATED **JAMES** PIERCE 19 87 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR 3 SEX IF UNDER 24 HRS 2d HOUR DATE 5 FOR YOUR I YEAR LAST BIRTHDAY PRONOUNCED :24 A M 80 10 31 DEAD 19 8 Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Va. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS 4802 Gilray Dr. Steel Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS. 1 ray Dr. 13b COUNTY 13c. CITY OR TOWN 21214 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Pierce Pierce Joe Jarah DIVISION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS EYES NO OR JINKNOWNI 137-10-2680 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Chronic obstructive pulmonary disease USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WENT OF H YES [] NO EX EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE 1 AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR JO BUJ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 The PLACE OF INJURY (AT HOME 21E LOCATION AT WORK AT WORLE STREET, FACTORY, FARM FTC 1 STREET CITY OF TOWN COUNTY STATE Inspection X 27a. I certify that I took charge of the remains described above, held an ond in my opinion death resulted from Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) Chief MEDICAL EXAMINER 11-4-87 ACTUAL SIGNATURE SIGNED EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11-9-87 Cem-Balto 07/84 25M **DHMH - 17** 1701 (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO LUVEASED NAME KNOWNXX (TYPE OR PRINT) OF ESTI-RAL DIRECTOR. YOUR FILES. THIN 72 HOURS Wilbert Pinder DEATH MATED 11-12 19 87 Leroy 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4:20 DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED male black 11-12 1987 10 25 25 62 DEAD D. M BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY! Md Baltimore City, DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sinai Hospital Baltimore Retired ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Baltimore 1607 Gwynns Falls Parkway 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Andrew MIDDLE Pinder LAST Lillie Mae Wing 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 215-20-1376 Lillie Mae Pinder 1607 Gwynns Falls CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH USED AS A BURIAL - TRAINSIT PERMIT OF HEALTH AND MENTAL HYGENE IRIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardicvascular Disease DIVISION OF VITAL RECORDS, 201 W. PRESTON IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED BURI YES NOXX EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BU 21a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN AT WORK NOT WHILE 220. I certify that I took charge of the remays described above, held on Autopsy and in my apinian death resulted from Notural causes Suicide Homicide Undetermined monner ACTUAL 11-13-87 Assistant DATE SIGNATURE Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Burial 11/17/87 Garrison Forest Vet Owings Mills Md 07/84 25M 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H West 4300 Wabash Avenue (VR A15 ME (5)) Dearding.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

76 HOUR

CERTIFICATE OF DEATH 20. DATE OF DEATH

& ACE (IN YEARS LAST BIRTHDAY)

IF UNDER I YEAR IF UNDER 24 HRS

MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

THE KIND OF BUSINESS OF

136 COUNTY

13d. INSIDE CITY LIMITS? YES 4 NO F 15 MOTHER'S MAIDEN NAME

DIVORCED

IN WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) (NOWN)

MIDDLE

ESTATE CILITORS IGN

16h SOCIAL SECURITY NO

17. INFORMAN

ADDRESS

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER of COCON METASTASIS

WIDOWED

DUE TO, OR AS A CONSEQUENCE OF

216. TIME OF INJURY

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY HOLL WHILE

19 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

ATTENDING

COUNTY

220.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death.

DEGREE

and that in (my) (our) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED MEDICAL

- STATE

22d PHYSICIAN'S NAME (TYPE OF PRINT) VID

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN BACTOMA Z1231

APOR? 23a BURIAL, CREMATION, REMOVAL

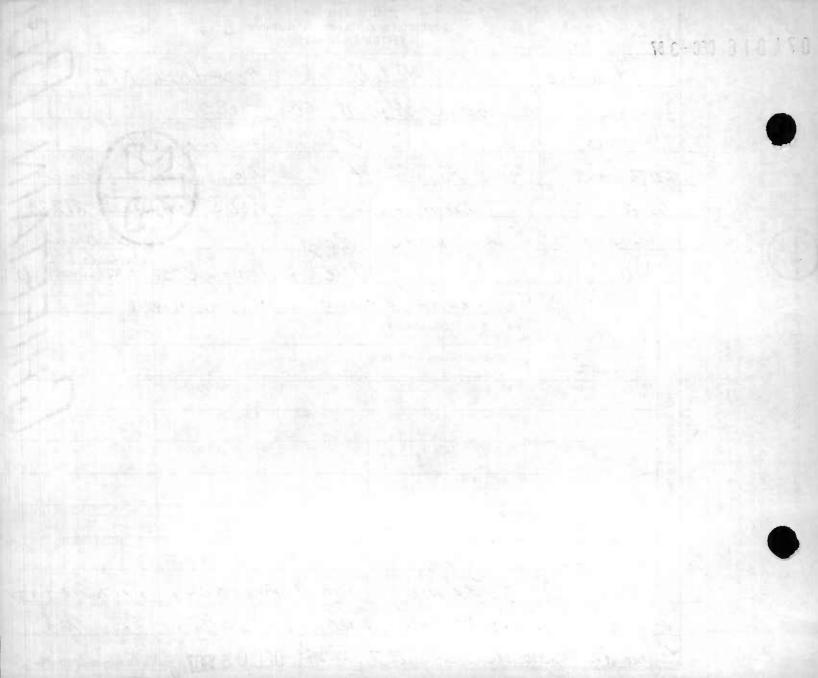
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23: NAME OF CEMEJERY

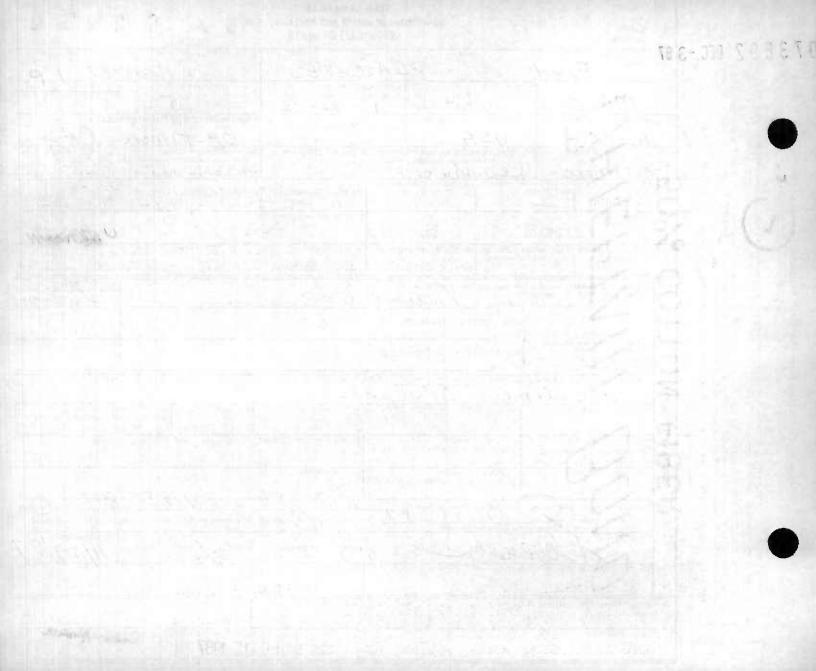
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DHMH - 16 60M 7/84 (VRA 15, 4)

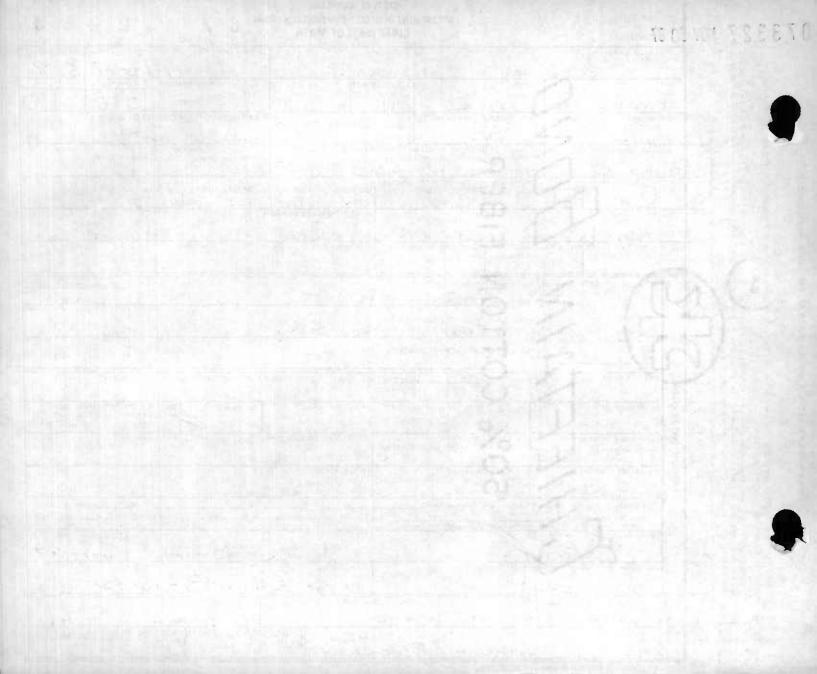
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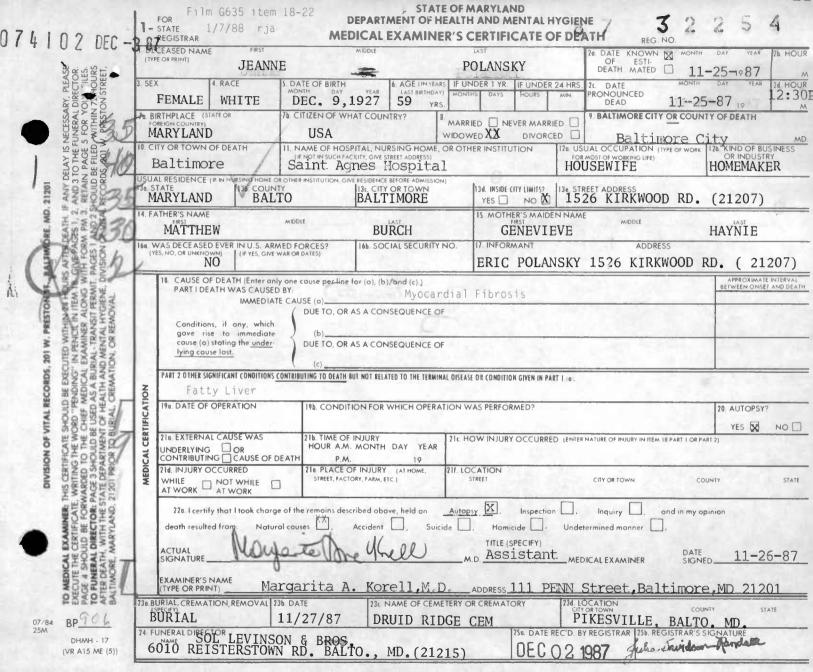


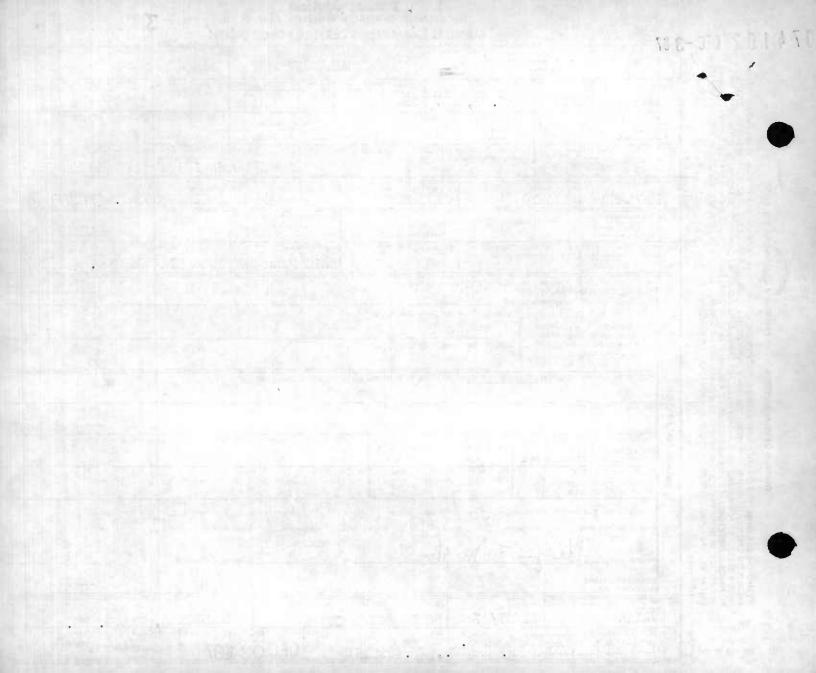
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				STATE OF MARYLAND		
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0.0	1. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER I YEAR IF UNDER 24 H
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and at a			CITIZEN OF WHAT CO	LINITAVA 8	9. BALTIMORE CITY OR	
96 - 5	1	MD	175A	MARRIED NEVER MARRIE		City
11 47	10. C	TY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTIO	ON 12a USUAL OCCUPATIO	
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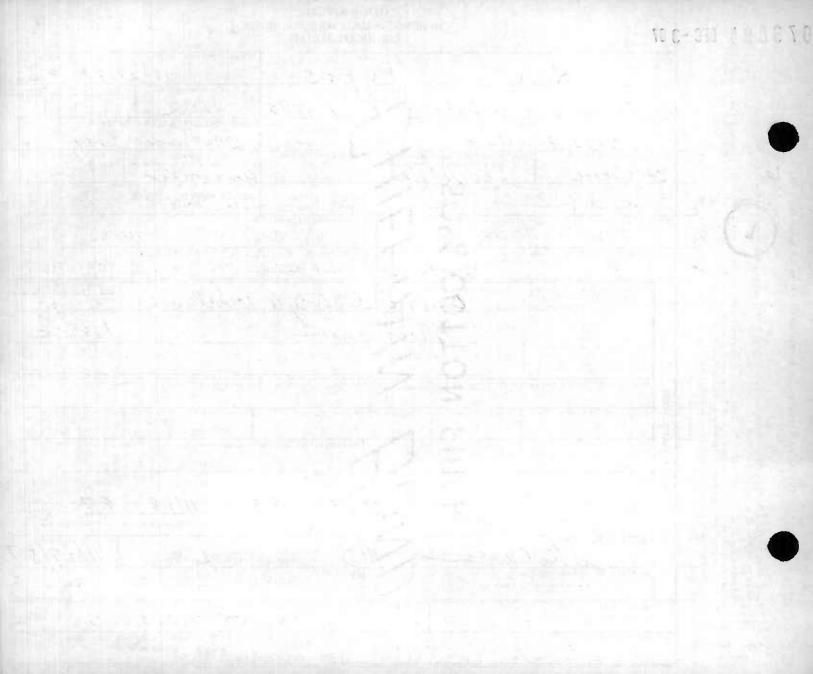


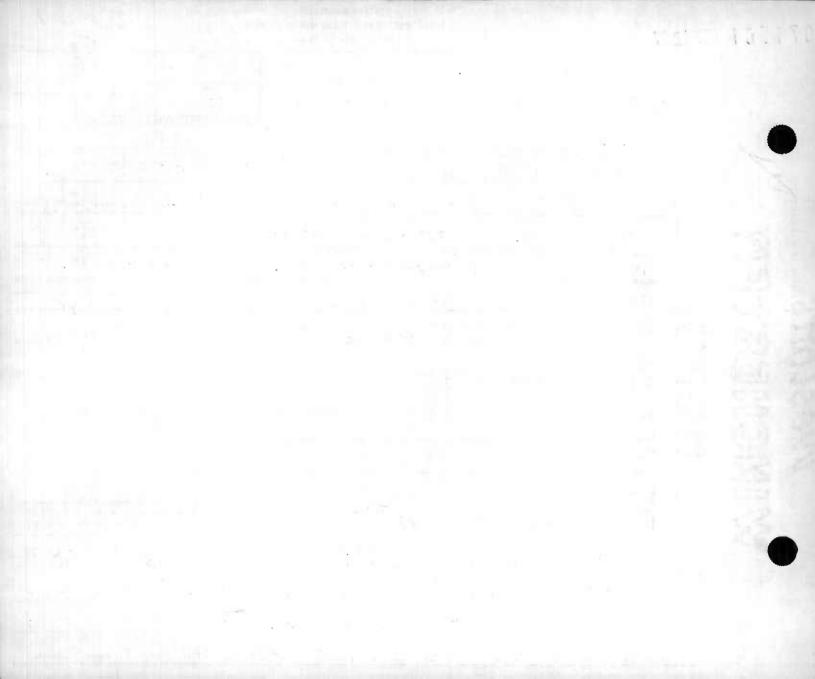




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ector poor	3.58		4. RACE	√hite	5. DATE C	F BIRTH ⇒,20°,19†°0	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
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TO HOSPITAL OR ATTE		22d. PHYSICIÁN'S MÁM S. LEVE	E (TYPE OR PRINT) ENSON, MD.		10	PHYSICIAN [22e. ADDRESS LEVINDAL	LE - BALT	D., MD	21215
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STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

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DHMH - 16 60M 7/B4 (VRA 15. 4)

1701 Taurens St. James A. Morton & Sons

236 DATE

11/30/87

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

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COUNTY

22L DATE SIGNED

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STATE

YES [

7h HOUR

12b. KIND OF BUSINESS OR

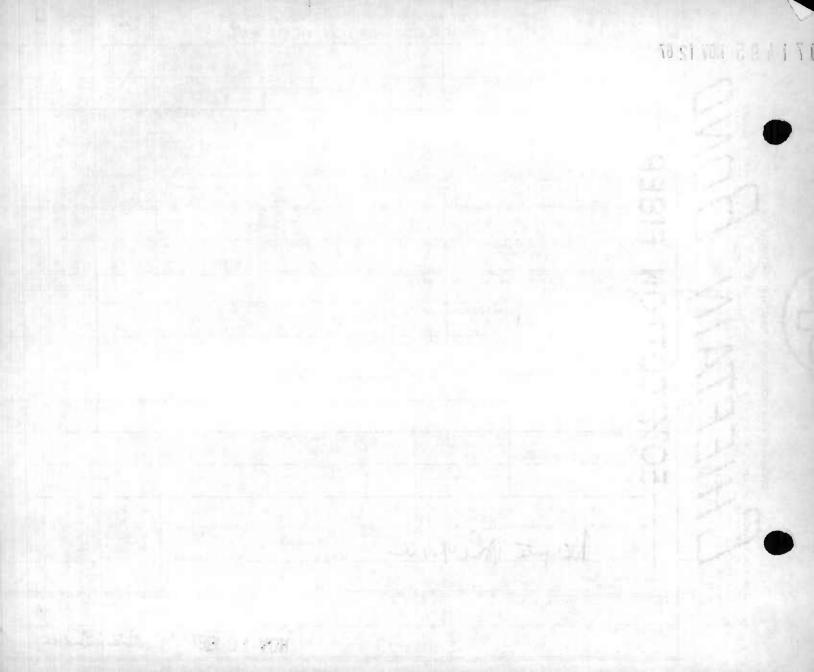
Hospital

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS HOURS

IF UNDER 1 YEAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO PECEASED NAME 20. DATE KNOWN KE MONTH Lewis DEATH MATED (Louis 19 87 Pratt 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. DAY IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 10:00 male black 1945 42 DEAD YRS 19 87 To BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY N.C. US DIVORCED XX WIDOWED . Baltimore City, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Unemployed Baltimore 3606 Hayward Avenue-porch USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21215 3510 Haywood Avenue Baltimore YES X Md 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pratt LeeBertha H111s John 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NOVOR UNKNOWN) 243-72-2103 Ardrine Norton 725 George Street Apt3E 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH E, WRITING THE WORD,"PENDING, INVENDING BYWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG. RAWARDED TO THE CHIEF MEDICAL EXAMINER PENNIS. PROPERTY OF HEALTH AND MENTAL HYGIEN STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bilateral Pneumonia DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Chronic Alcoholism 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STANDARD, 20 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Natural causes X Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant. SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT) ADDRESS OWINGS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md Garrison Forest Vēt Mills 11/10/87 Burial 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))



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ORDS, 201 W. PRESTON S rear res that the death cer are ligned by the attending then please remove carbo re to burial, cremation, or re- printing, or ather traumatic e	INCATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, O (c)_ T CONDITIONS C		NOT RELATED TO THE TERM	NINAL DISEASE OR		15,5	H25
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NG PHYSICIAN: The law requires the attending physician. After this certificate has been signed to sthe burial-transit permit. Then plea th and Mental Hygiene prior to burial, arked ar them 18 shaws, any injury, and arked ar them 18 shaws, any injury, and arked are them 18 shaws, and are the shaws are the shaws and are the shaws are the shaws and are the shaws are the sh	z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	M GIVEN IN PART TO
or to y inj	CERTIFICATION						
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OR ATTEN se haspital DIRECTOR. Sched far us Dept. af Hem 21 is		saw the deceased alive an abave, (1) (ve) (did) (did not)	1	0 0	nd that in (my) (Cur) apinio	n death accurred on the date an	nd hour and from the causes stated
R ATTEN haspital RECTOR RECTOR RECTOR Febr. of H		77b. SIGNATURE	view the body after death.		DEGREE		22c DATE SIGNED
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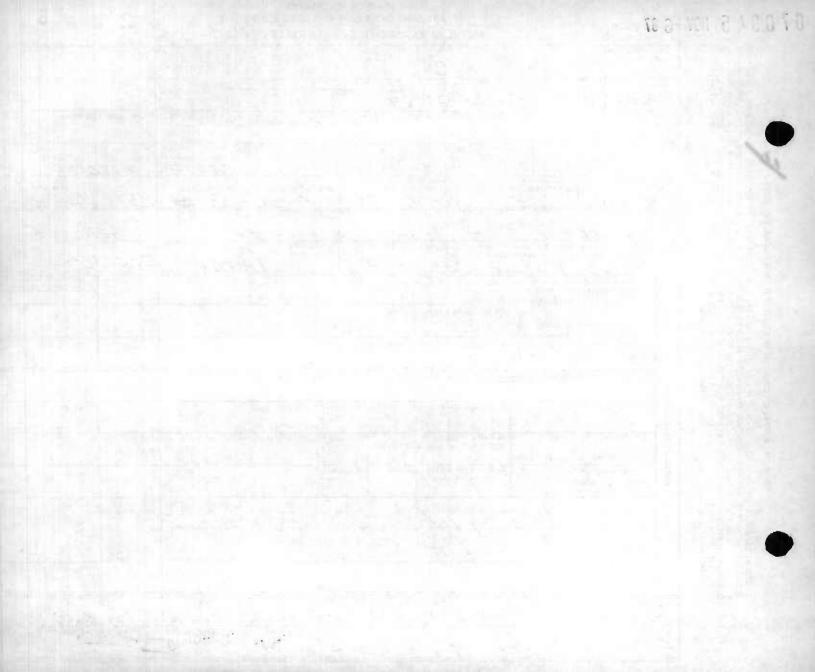
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		11. DI	PE OR PRINT)	Chief T	MIDDLE		LAST	20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR 26. HOUR
	ET. JRS.		Wil	liam	C.		Pugh	DEATH MATED	□ 11-2-	1987 N
	SNECESSARY, PEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS YW PRESTON STREET,	3. SE	NALE WHITE	5. DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONTH	DER 1 TR. IF UNDER	MIN. PRONOUNCED	-2-87	YEAR 2d HOUR 10:2
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	ON ST., BALTIMORE, MD 24 HOURS AFTER DEATH. ITEM 18. GIVE PAGES 1, 2 CONG WITH FORM PM 3 FERMIT PAGES 1, AND 2, 3 SIENE, DIVISION OF WITH	L		N- 4	217-12-3	903		FAMILY F	ECOPD	15
	ANT.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per line	e for (a), (b), and (c).)				BET	APPROXIMATE INTERVAL
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certify that I tog child	The remains de	scribed oboye, held an	Autops	sy . Inspection	n X, Inquiry .	and in my opinion	Teller Francisco
	AND THE TOTAL		death resulted from	couses V	Academi . Su	icide	Homicide .	Undetermined manner	l.	
	EXAMI CERTIFIC JLD BE DIREC WITH AARYL		1-11	1-11	10		TITLE (SPECIFY)			
	A A SOUTH		ACTUAL SIGNATURE	1. 1	3000	M		L_MEDICAL EXAMINER	DATE SIGNED	11-3-87
	TO MEDICAL I EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, N	1							3.0.120	
	A CORE RES	4	(TYPE OR PRINT)Cha	arles P.	Kokes M.D.		ADDRESS 111 De	enn Street, Bal	timore MI	21201
	BATAW _	23	URIAL GREMATION, REMOVAL 23	b DATE	231 NAME OF CEN			23d. LOCATION	COUNTY	STATE
07/	84 RP	1	BURIAL 1	1-05-198	1 MOREL	M)	MEM. PAR	A PARKVING	BALTO	co mo
25A	DHMH - 17	24. F	UNERAL DIRECTOR	- Angoese	1 000	1.00	250. DATE	REC'D. BY READOWAR 256 REC	GISTRAPSISIONA	Cardans'
	(VR A15 ME (5))	1	VANS CH	AMELI	IF MEN	OSCI	NO NO	4 0 1901	-	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 073677_DEC (TYPE OR PRINT) 30 1987 Teresa Louise DEATH MATED 11 Pung 4 RACE 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED :15A 23 Female White 5 64 DEAD 30 1987 7b. CITIZEN OF WHAT COUNTRY? OR BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia United States WIDOWED DIVORCED Baltimore City I. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Constituction Account Executive Underwriters, Inc. University Hospital (STU) Baltimore NIL COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Columbia 7167 Harp String Howard 21045 Maryland NO X AFATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Anthony Pung Walker Hazel 17. INFORMANT Mr. & Mrs. Anthony Pung 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 21043 YES, NO. OR UNKNOWNI 214-94-0160 Ellicott City, MD no 2613 Turf Valley Road APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMITAL AND MENTAL HYGIENE, AATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E FICATE, WRITING THE WC. I.E. METER METER THE CHIEF METER PAGE 3 SHOULD BE USED AS A SHORT THE STATE DEPARTMENT OF HEALT 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XOR 28 19 87 Passenger in auto/pick-up truck impact CONTRIBUTING CAUSE OF DEATH 7:43 M. 11 THE PLACE OF INJURY STREET, FACTORY, FARM, ETC 1 STATE WHILE AT WORK AT WORK Caton & Joh Aves, Balto. City, MD. road Autopsy X 22a. I certify that I took charge of the remains described above, held an Inquiry Inspection and in my apinian death resulted from Natural causes Hamicide L Undetermined manner EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH WIT BALJIMORE, MAR TITLE (SPECIFY) ACTUAL 11/30/87 Assistant SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. 111 Penn St. Balto.MD. 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 12/3/87 Crest Lawn Cemetery Marriottsville Howard MD Burial 07/84 25M 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Ind 250 DATE REC'D. BY REGISTRAR **DHMH - 17** 8728 Liberty Road Randallstown, MD 21133 (VR A15 ME (5))

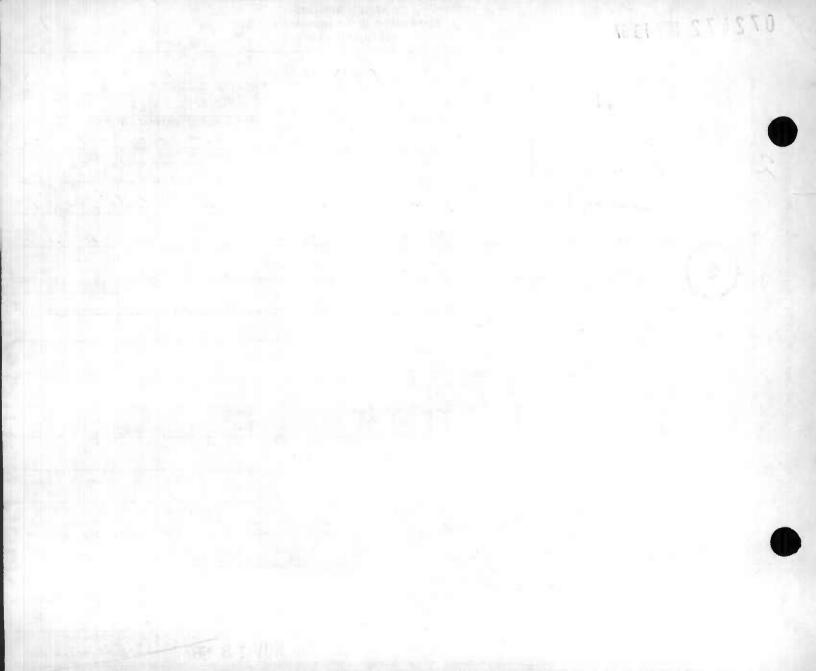
STATE OF MARYLAN

STATE OF MARYLAND 072472 NOY-19887 DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 2b. HOUR DECEASED NAME TYPE OR PRINTI iNilliam 3:00 RM 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR 29 46 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED irginin DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS fimo" NOF 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST 17 INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate other couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 0 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à. IN CERTIFYING CAUSES OF DEATH? ed. NO YES [71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211. LOCATION ö 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, (6ur))opinion death occurred on the date and hour and from the causes stated and that in-(my) 276. SIGNATURE DEGREE 27c. DATE SIGNED should be detach with the State De ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Randa 11stown Md 11/20/87 King Memorial Park Buria1

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR
Wm. ℃ March F/H West 4300 Wabash Avenue

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Devidson-Rondales



(VRA 15, 4)

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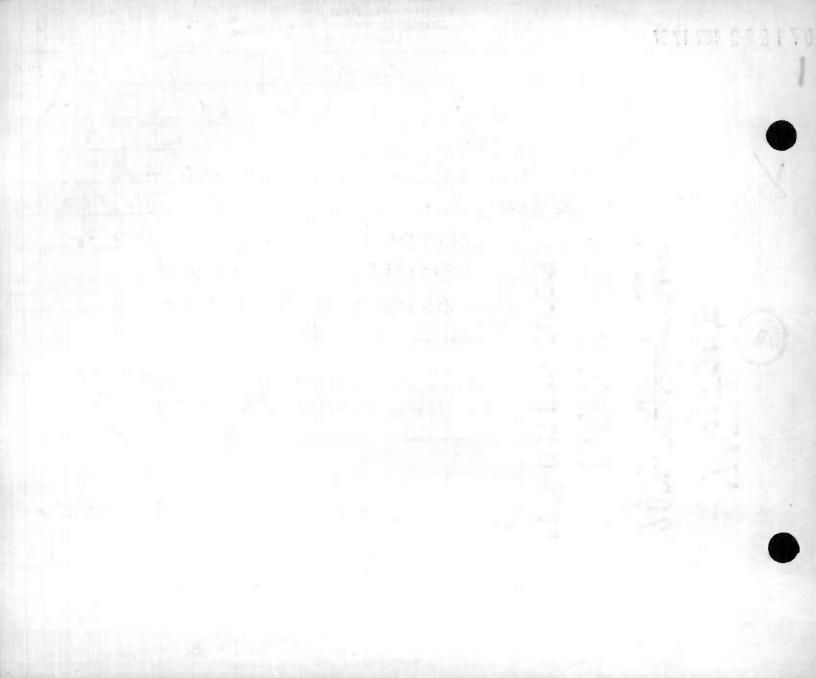
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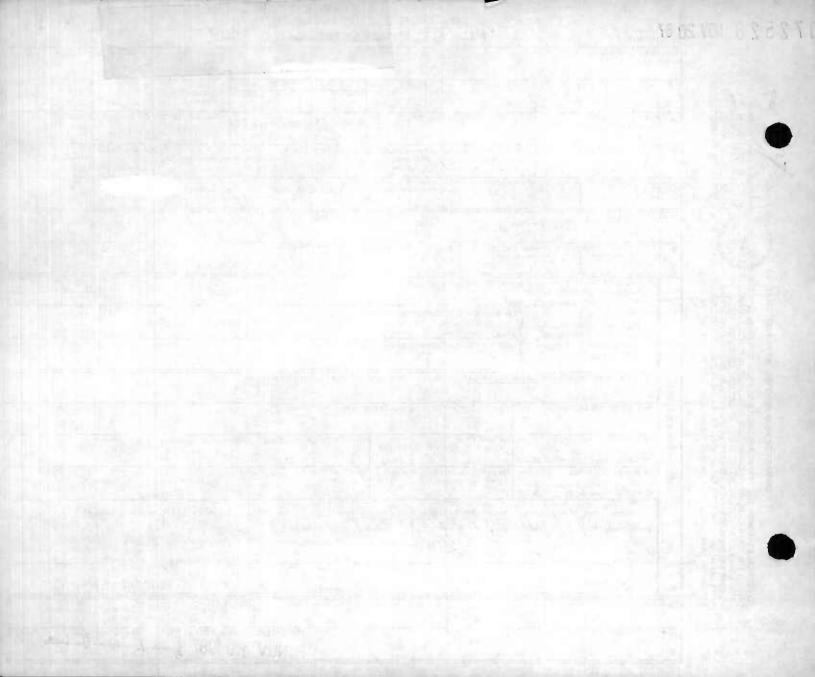
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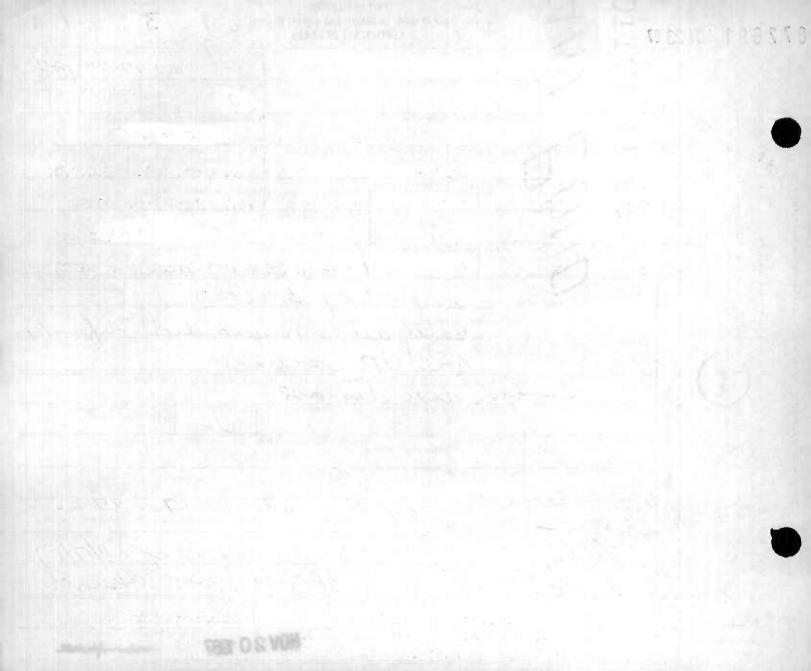


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 77578 NOV 20 197 STATE REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Harold QUEENSBURY DEATH MATED 11 - 161987 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS DATE 3:40F LAST BIRTHDAY PRONOLINCED 28 **Black** 02195 Male 30 yps DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED FOREIGN COUNTRY) Maryland DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Baltimore Operator Williams Co. Chemical USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS MARYLAND 21217 130 STATE 13d. INSIDE CITY LIMITS? 136 COUNTY 1136 CITY OR TOWN Baltimore 1721 N. Carev Street, Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Harold Queensbury Pollard Alvin Doris Mae 17 INFORMANT 16b SOCIAL SECURITY NO ABartimore Md. 21217 (YES, NO. OR UNKNOWN) 214-68-2869 Elizabeth Queensbury 1721 N. Carey Street No. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Narcotic intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? DED TO THE CHIEF A E 3 SHOULD BE USED, DEPARTMENT OF HE 20 AUTOPSY? BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 11-16,87 Subject took drugs CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY FARM, ETC.) 1721 N. Carey Street, Baltimore City, MD PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 Autopsy X 22a I certify that I took and in my opinion death resulted from Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** 11-17-87 DATE Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn Street, Baltimore, MD 21201 23¢ NAME OF CEMETERY OR CREMATOR 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 11/20/1987 Arbutus Memorial Park Baltimore, Maryland Burial 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FNULL TERECTUNERAL HOMES, ALAC. **DHMH - 17** Juna Devider Ra 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))



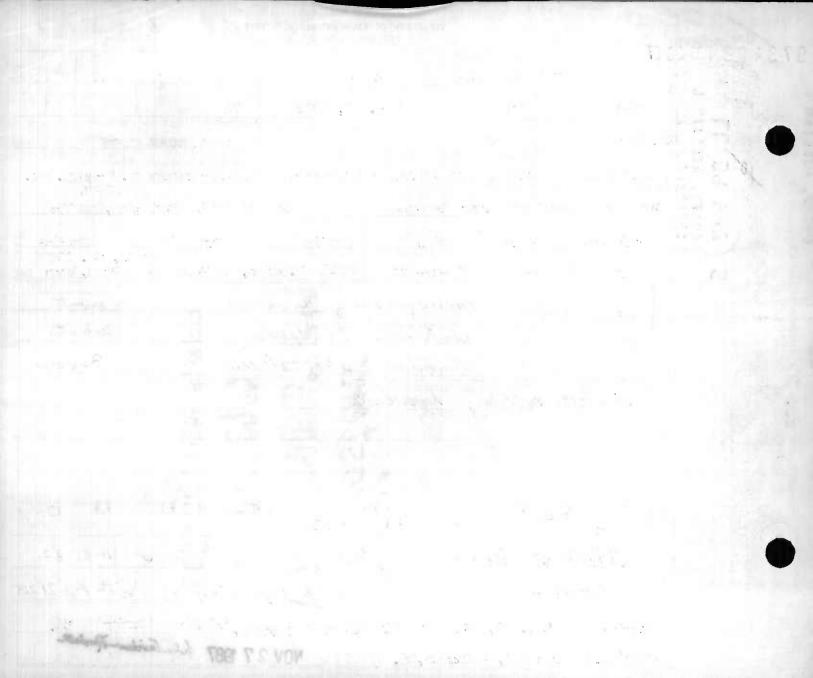
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A A A A A A A A A A A A A A A A A A A		22a.l certify that (I) (this hospital)	attended the deceased from	11/23 19 87	10 71/26	1987 , that (I) (we) last
N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		saw the deceased alive on Diabave, (1) (we) (did) (did nat) vi			death occurred on the do	ate and hour and from the causes stated
A A A A A A A A A A A A A A A A A A A		22b. SIGNATURE	ew the bady after death.	DEGREE		22c. DATE SIGNED
A P P P P P P P P P P P P P P P P P P P		M. Nikir		ATTENDING PHYSICIAN [MEDICAL STAF	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072691 NOV 23 BREGISTRAR CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 647 NOV. Quinn Clarence 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR Male May 13, 1920 White M. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore City Maryland 18. CTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY South Baltimore General Sat. Comm. Rel B.C.P.D Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 130 STATE NA COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 7447 School Ave. 21222 Raltimore YES T NO X Maryland Baltimore 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME . A MODIE ... FIRST MIDDLE - LAST -Meineke M Ouinn Mary Joseph ADUKESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Ouinn 7447 School Ave. 21222 217-16-5321 Yes WW II Rose M. 18 CAUSE OF DEATH (Enter only one cause per line for (p.), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INTURY COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (1) (this hospitally attended the deceased from sow the deceased olive on 11-17and that in (may) (our) apinion death accurred on the date and hour and from the causes stated above, its (westdid) (did not) view the pody after death 77h SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF ild be deter PHYSICIAN [DIRECTOR PHYSICIAN PORTANT 22e ADDRES THE PHYSICIAN'S NAME 3 + 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY)Burial Baltimore Maryland STATE 11 - 21 - 87Moreland Duda-Ruck Funeral Home of Dundalk Managereco. By Registrar 256. Registrar's Signature 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 7922 Wise Ave. Dundalk, MD 21222 (VRA 15, 4)

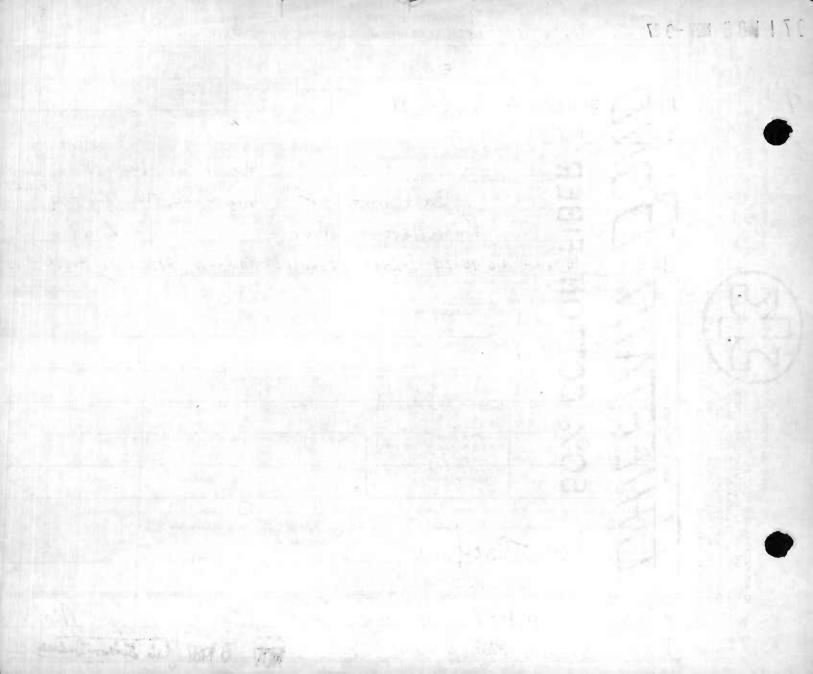


Howard K.McComas III, Abingdon, Md. 21009

(VRA 15, 4)



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ECTOR: After this conflictor house been dear vate on the bound/branish germit- but of Health and Mental Hygiente groun my 21 is marked or hem 18 shows any 1	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IN EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this has say the deceased alive a abave, (1) (we) (did) (did	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	ATH DAY YEAR 19 Y, OFFICE, FARM, ETC.) d from 7/1 19 8 7, or	211 LOCATION STREET 19 35 and that in (my) (aur) apinian	YES NO THE CELL	COUNTY 19 7 , the	STATE STATE STATE STATE STATE STATE STATE STATE STATE
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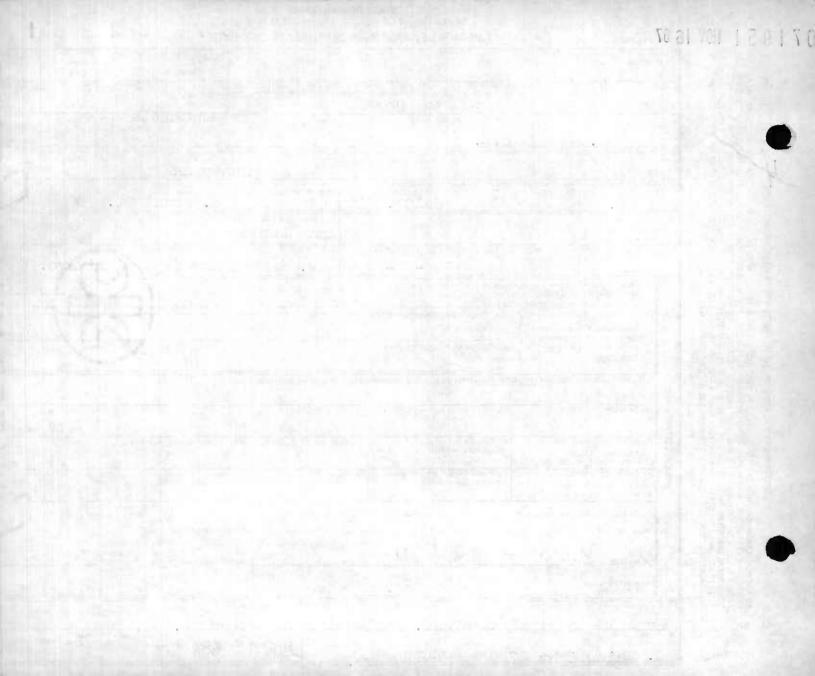
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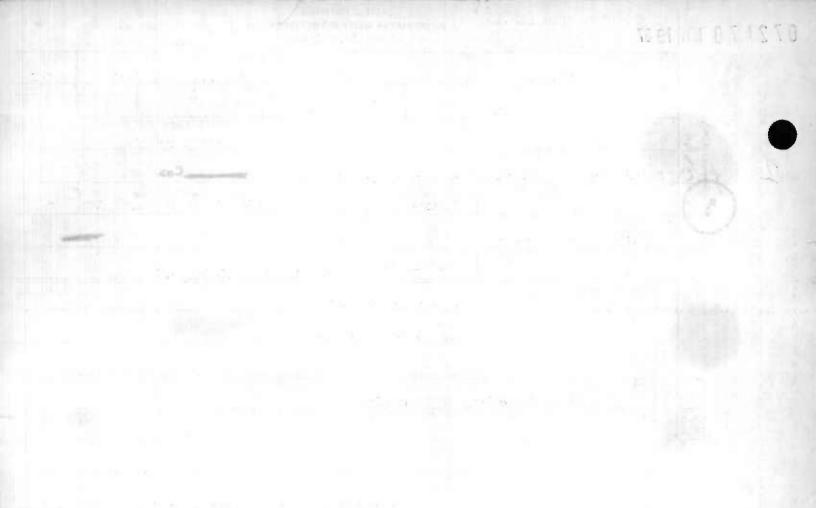
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEPTH DECEASED NAME 20. DATE KNOWN YEAR MONTH 26 HOUR TTYPE OR PRINTI ESTI-OUR FILES. 72 HOURS ON STREET, DEATH MATED XX 11-10₁₀ 87 Norman Ray OIRECTO 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE 4:30 MONTH DAY LAST BIRTHDAY) PRONOUNCED , 87 LIQ YRS D. M BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR INDUSTRY Baltimore 32 N. Mount St. 3rd floor Handyman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS 113h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Mount St. Balto. YES K City NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST Sanders Ernest Anna 18. GIVE PAG WITH FC PI IT. PAGES 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) DIVISION LIF YES, GIVE WAR OR DATES! Rev. Samuel Ray 6434 Miami Ave. 219-32-7494 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bilateral Pneumonia IMMEDIATE CAUSE (a) AINER: THIS CERTIFICALE WORD "PENDING BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ARE FORWARDED TO THE CHIEF MEDICAL EXAMINER ARE SORVED BE USED AS A BURIAL -TRANSIT PER THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEF TO BURIAL, CREMATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Chronic Alcoholism and Arteriosclerotic Cardiovascular Disease 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211. LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED FOR THE FORMARDED FOR THE FORMARD AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion Natural causes Accident Suicide Undetermined monner TITLE (SPECIFY) DATE 11-12-87 Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 ADDRESS 230, BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Ruria 07/84 25M 24. FUNERAL DIRECTOR NOV 1 3 1987 Julia Diordion Randare **DHMH - 17** (VR A15 ME (5)) mondson Wainwright





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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME TO DATE KNOWN X MONTH ESTI-Kathleen DEATH MATED 11/ 19/10 87 ELIZABETH REEDER 4. RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED Female Black 6 20 1942 45 YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX Baltimore City, Maryland WIDOWED DIVORCED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WARK 126 MY) DEFBUSINESS ASSET OF WAR THOUSERY Baltimore Liberty Medical Center Administration Administration SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1130 STREET ADDRESS Baltimore, Maryland 13d. INSIDE CITY LIMITS? 30 STATE 13b. COUNTY 13c. CITY OR TOWN 1623 Ashburton Street 21216 Maryland Baltimore 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John LAST Reeder Gwendolyn Stewart 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Ballimore, Md. 21216 IYES, NO. OR UNKNOWN! No. 215-40-8336 Gwendolyn Reeder 1623 N. Ashburton St 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Peritonitis IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Ruptured Gastric Ulcer gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211, LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK GE 4 SHOULD BE FORWARD FUNERAL DIRECTOR: PAGE TER DEATH, WITH THE STATE (LIMORE, MARYLAND, 21201 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide ___ Natural causes 11/20/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 30. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11/25/1987 Arbutus Memorial Park Burial ULC 0.3 1007 Baltimore, Maryland 07/B4 25M 24 NUTTER FONERAL HOMES, INC. **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))



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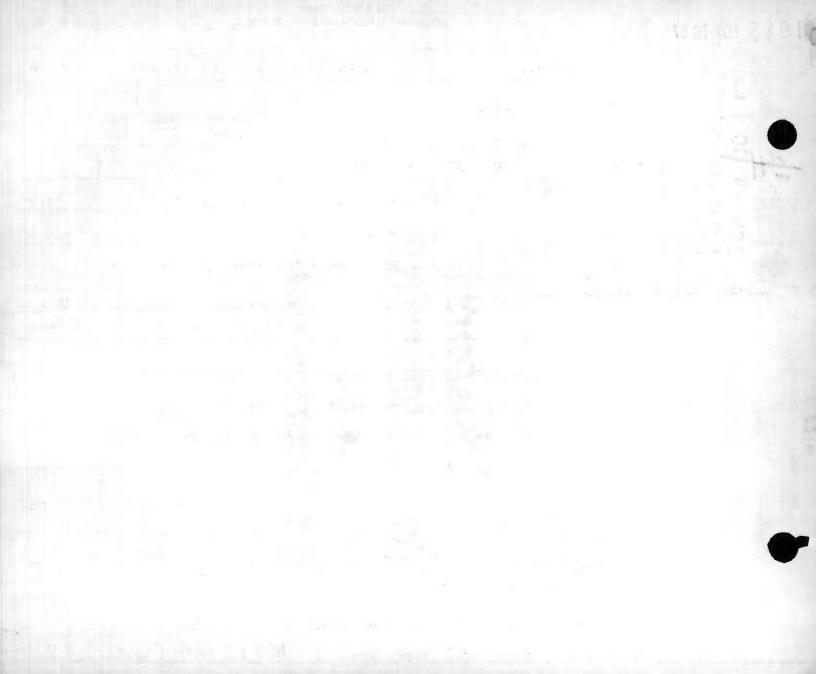
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equires that the death in signed by the attending Then please remove control burial, cremation, an injury, or other traumatinjury.	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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BP	(SPECIFY) Burial 11/7/87 Lorraine Park Ce	m. Baltimore Balto Co., M Date REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	George J. Gonce 4001 Ritchie Hgwy Balto Md	NOV 5 1987 Julia Dividen Rudel

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 28 DATE OF DEATH MONTH 7b HOUR TYPE OR PRINTS 10:36A HERBERT RICHARDSON NOVEMBER 10, 1987 S. 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 11 1938 male black 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED W NEVER MARRIED COUNTRY BALTIMORE CITY Md WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THE JOHN'S HOPKINS HOSPITAL BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13c CITY OR TOWN 1 13d. INSIDE CITY LIMITS? Md Baltimore 4790 Chatford Avenue 21206 YES X NO [15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Samue 1 Richardson Johnson Irene ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) 216-34-6958 Lauren J. Richardson 4790 Chatford Avenue 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AL WORK 27a. | certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1 (will gird) aid not view the body after death and that in (my) (Gur) opinion death occurred on the date and hour and from the causes stated 27b. SIGNA DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 72d PHYSICIAN'S NAME (TYPE OR PRINT 77# ADDRESS 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN STATE COUNTY (SPECIFY) Burial Vet Owings Mills 11/13/87 Garrison Forest 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Wm. C. March F/H West 4300 Wabash Avenue (VRA 15, 4)



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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HCU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER, ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEATH, WARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23e 1		ION, REMOVAL			NAME OF CE				1234 100	ATION					
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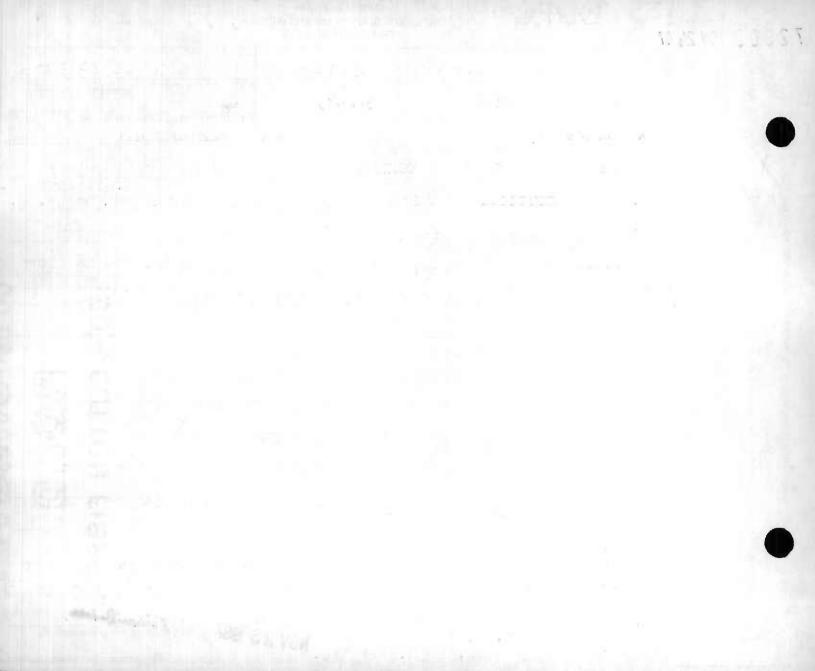
0171	556 NOV 1	STATE OF MARYLAND PER DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 / 3 2 2 9 3 CERTIFICATE OF DEATH
	4 moy be ror, page 3 offer death	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR THE OR PRINT) MATRICE 1. S. DATE OF DEATH MONTH DAY YEAR 26 HOUR SEX 1. ARCE 1. S. DATE OF DEATH MONTH DAY YEAR 15 UNDER 24 HRS. SEX 1. RACE 1. S. DATE OF DEATH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 16 UNDER 24 HRS.
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BALTIMORE, MARYLAND 2120		Joseph Staab LAST FIRST Schlee Mary Schlee Mary Schlee Mary Schlee Mary Schlee Address (166, Social Security No. 17, Informant Address (175, NO OR UNKNOWN) (If YES, GIVE WAR OR DATES) 214629135 Loretta M. Pasko 8611 McDaniel Ave.
201 W. PRESTON ST.,	equires that the death certifications in signed by the attending privile from burnal, cremation, or remaining, or other troumatic event	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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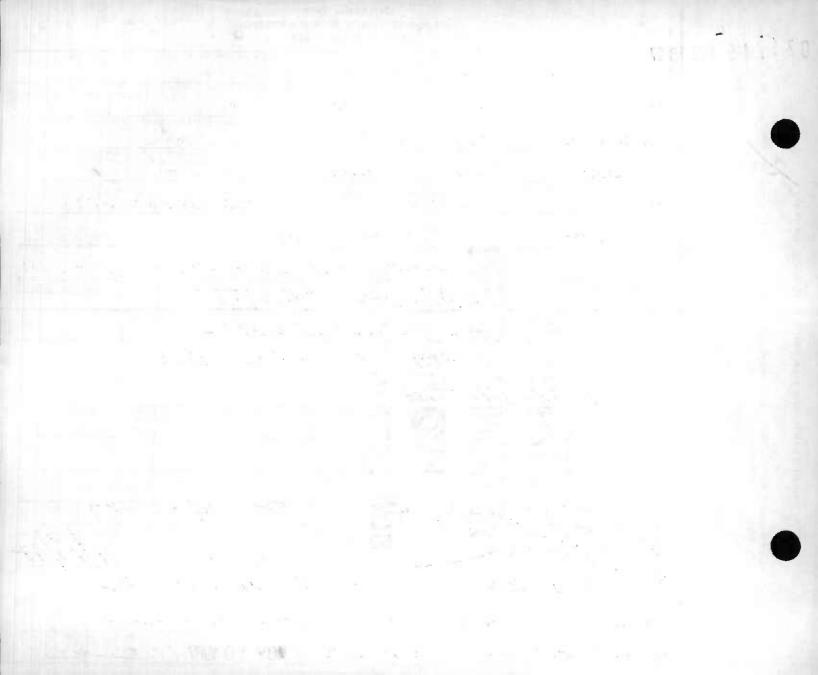
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 fours a cattending physician. After this certificate has been signed by the attending physician and campleter filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filter than and Mental Hygiene prior to burial, cremation, ar remayal. Only a shows any injury, or ather traumatic event, the medical examiner must be in orked or them 18 shows any injury, or ather traumatic event, the medical examiner must be in	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ((b)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERA		DITION GIVEN IN PART	lia
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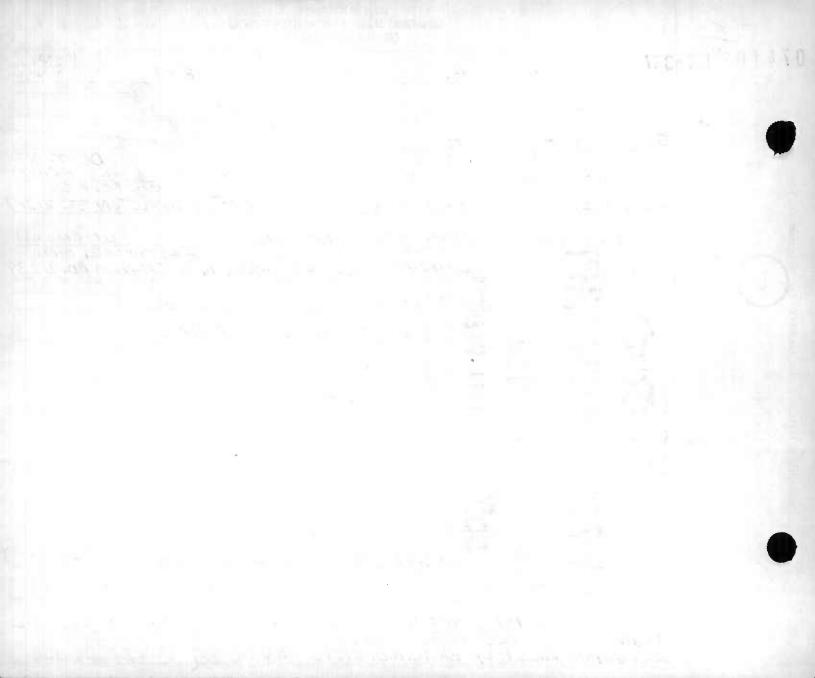


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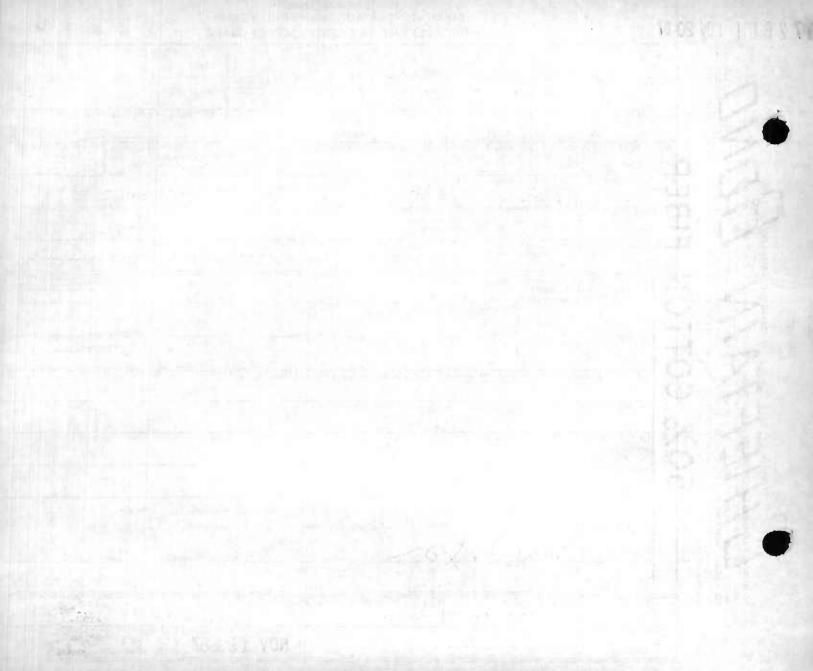




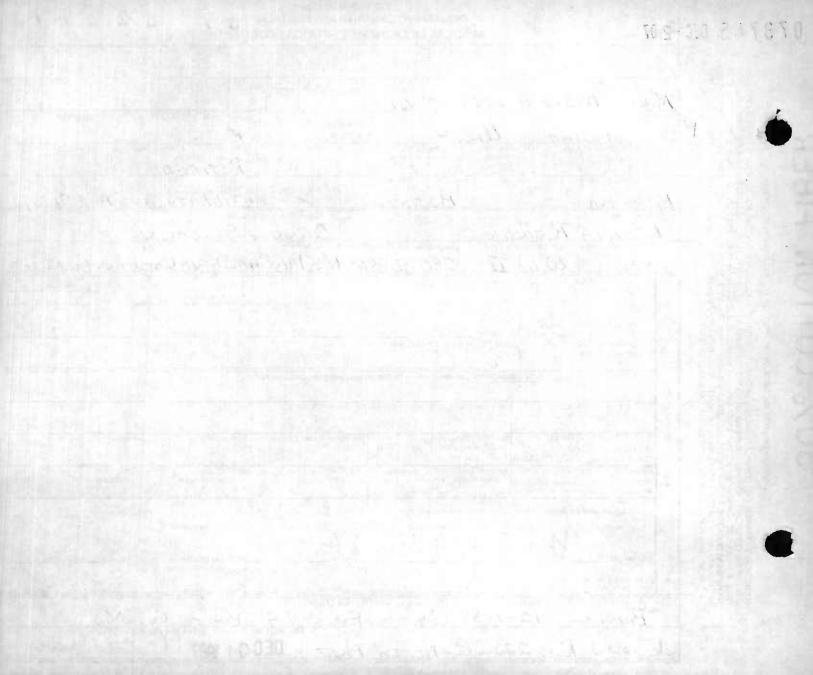
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH 25 HOUR PATHERINE 4. RACE A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR Th CITIZEN OF WHA **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED BM7. DIVORCED 120 USUAL OCCUPATION (TYPE OF WORKING LIFE) 136 COUNTY 13d INSIDERITY LIMITS? BACTIMORE APPLETON ST. 2121, 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME UNKNOWN UNENOWN UNKNOWN BOXXITIMORE, MO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANTMOS REGINA J. TAYLOR 1630 INGRAM RD. 21239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for jal, (b), and ic PART I. DEATH WAS CAUSED BY NEIMONIA IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF esperator Discore DIANCE Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NOF YES [21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 0 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS BALT MAT 1914 ECMID 21043 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 12/02/1987 ARBUTUS MEM. PK. "NUTTER FUNERAL HOMES, INC. 2501 GWYNNS FALLS PKWY, BALTO, MO. 21216 DHMH - 16 60M 7/84 (VRA 15, 4)



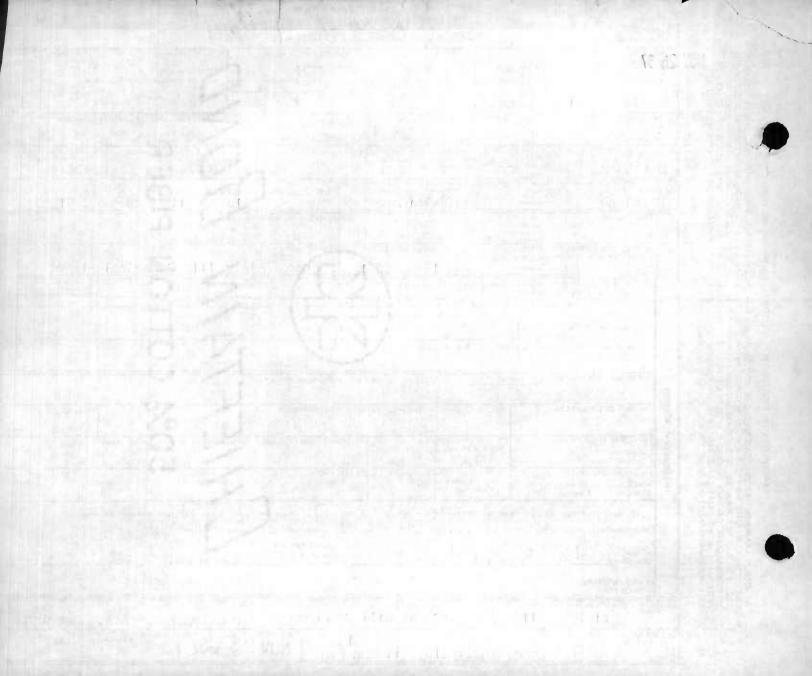
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE T STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME MIDDLE 20 DATE KNOWN MONTH DAY 26 HOUR (TYPE OR PRINT) S. IRONE ROBINSON DEATH MATED 11 18 19 87 4 RACE SEX S. DATE OF BIRTH 6 AGE (IN YEARS IF LINDER 24 HRS 7d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 11;18 1928 B 11 18 1987 59 DEAD 76 CITIZEN OF WHAT COUNTRY? & BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Baltimore City DIVORCED | WIDOWED Md CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Liberty Medical Center Baltimore Teacher Education UAL RESIDENCE (IF IN NUMBER OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 9823 Marriottsville Rd. 13d. INSIDE CITY LIMITS? Md. NO X ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Minnie Sentus Starmore P. Matthews 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 21133 (IF YES, GIVE WAR OR DATES) 220 36 8451 Mr. J. Ellis Robinson 9823 Marriottsvil 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 ED AS A E Diabetes mellitus 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, OF YES X NO PACE SHOULD BE FORWARDED TO THE CONTROL OF THE CONT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE X 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Natural causes X death resulted fram Hamicide __ Undetermined manner TITLE (SPECIFY). DATE SIGNED 11-18-87 **SIGNATURE** EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Lakeview Sykesville. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE **DHMH - 17** James A. Morton & Sons 1701 Laurens St. (VR A15 ME (5))



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•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WI PAGE 4 SHOULD BE FORWALT TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 212		220. I certif death resulte ACTUAL SIGNATURE		te me	Accident	, Suice	M.D.	Homicide TITLE (SPECIFY Assista)	Inquiry	er ,	DATE SIGNED.	11 - 19-	-87
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STATE OF MARYLAND

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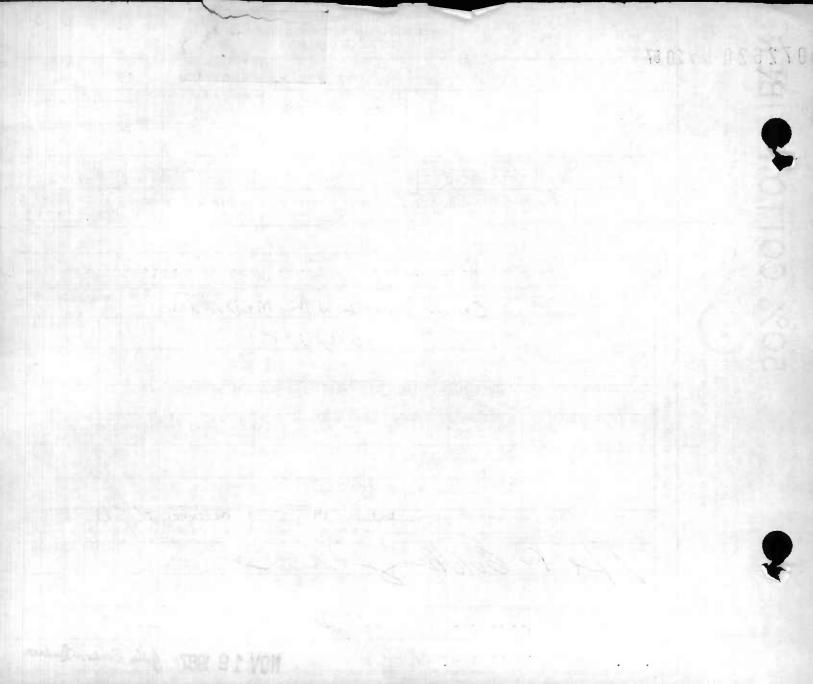
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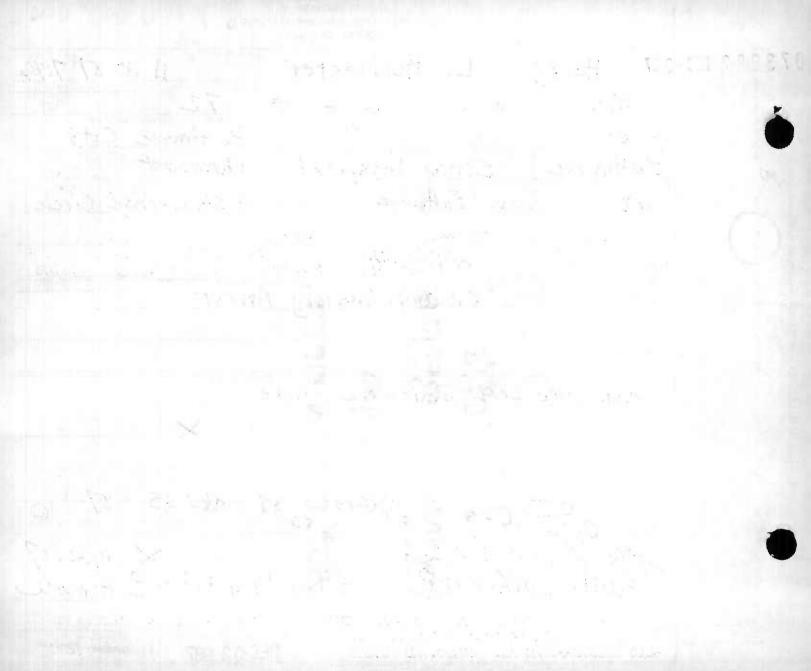
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C. MARCH F/H 1101 E. NORTH AVENUE

FOR



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> 5 2 5 5 underlying cause lost.
(c)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
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Acute large Left hemispheric stroke 190 Date of Operation 190 Condition for which operation was performed 200 autopsy? 200 ff yes NO
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21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY INVITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
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ATTENDING MEDICAL STAFF
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236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d-10.CLT 100 ION
BP BURIAL NOV.27,1987 AGUDAS ACHIM ANSHE SFARD ROSEDALE BALTO. MD STATE
24 ELINEDAL DIRECTOR COT C DIVINIONI C DOCC TIMO 256 DATE DEC'D BY DECISTRADISC DECISTRADISC SIGNATURE
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0 7 3 2 6 4 NOV	1. DEC 27	PARINT)	FIRST	4 RACE	MIDDLE	RO	AST POTU	20 DATE OF DEATH	3/87	9	HOUR 7:30P M UNDER 74 HRS
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by the f	B	TY OR TOWN OF DEA		FRANK TRANK	CIS SC	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife		KIND OF B DUSTRY Home	USINESS OR
AND 21:	13a. S	laryland	136 COUN	other institution TY imore	CITY OR TO			130 STREET ADDRESS 608 Fra	/ ZIP CODE nklin Ave	e. 2 <u>1</u> 2	21
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the decent certain the be executed within 24 hours to other daing physician. Wher this certificate has been signed by the certain physician and completely filled in by as the buriol transit permit. Then please makes class approach Poges 1 and 2 should be file than and Memal Hygiene prior to buriol, cremation, as tremental. orked or liem 18 shows ony injury, or other troumotic event, the medical examiner mastibe to orked or liem 18 shows ony injury, or other troumotic event, the medical examiner mastibe to	NO	Conditions, if ony, gave rise to imm cause (a), statin underlying cause	g the last	(c)	R AS A CONSEC		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	ADITION GIVEN IN	PART 11a	
he low right. has been to permit. thermit.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHI	CH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
SION OF VITAL PHYSICIAN. The ending physicio this certificate h the buriol-transit; and Mental Hyges d or item 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART I OF	RPART2)	14.7
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

0	REGISTRAR		4=11.	TIFICATE OF DEATH	REG. I	NO		
	DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH / DAY	YEAR	26 HOUR
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144		(IF NOT IN	SUCH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	F BUSINESS C
6	Baltimore	GOO	d Samaritan Ho	spital	Housewil	fe .		
事 多万 13	Io. STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
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3200	FIRST	MIDDLE	LAST	FIRST	ME		LAS	T
0	Joseph		Stracke	Mary			S	eush
1 3 / 160	WAS DECEASED EVER	IN U.S. ARMED FORCES		D. 17 INFORMANT	ADDR	RESS		
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	18 CAUSE OF DEATH	H (Enter only one couse o	per line for (a), (b), and (c), 1					MATE INTERVAL
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	NTH. IF ANY DELAY IS NECESSARY, PLEASE 31, 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5. FOR YOUR FILES. U.Q. 2. SHOULD BE FILED, WITHIN 72 HOURS WITAL RECORDS, 201 W. PRESTON STREET,	10. C	TY OR TOWN C	F DEATH	11. NAME OF HOS			OR OTH	ER INSTITU	TION		OCCUPATION OF WORKING L			IND OF B	BUSINESS
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RECORDS	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 16 FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG TOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITION	N GIVEN IN PAI	tt 1 (a).					
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	TO MEDICAL EXAMINÉR: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	73n B	TYPE OR PRIN	T)			NAME OF CEM		ADDRESS_							
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE : CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) November 13, 1987 John В. ROWAN 12:35P & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 3 SEX YEAR MALE WHITE 10 26 14 Je BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH LOUNTRY? MARRIED XX NEVER MARRIED COUNTRY) Baltimore City MARYLAND U.S.A. WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Maryland General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore OWNER ELECTRICAL DISTRIB USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? MARYLAND BALTIMORE CATONSVILLE 2121 FERNGLEN NO X 21228 WAY 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE **JOHN** BESSIE ROWAN В. BOTLER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MARYLAND 21228 NO OR UNKNOWN) HE YES GIVE WAR OR DATES! 215-07-1851 KATHERINE ROWAN 2121 FERNGLEN WAY CATONSVILL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Respiratory arrest IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Non-Oat cell adenocarcinoma of the lung Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? KKON 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE October 23 87 November 220 1 certify that (K (this hospital) attended the deceased from_ saw the deceased alive on November 13.19 87, and that in (my) (aur) apinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF 11/13/87 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS 27d PHYSICIAN'S NAME (TYPE OR PRINT) c/o Maryland General Hospital d b Samir Shabshab, M.D. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 11/16/87 LORRAINE PARK MAUSOLEUM BALTIMORE MARYLAND 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE RUSSELL C WITZKE FUNERAL HOMES DHMH - 16 60M 7/84 1630 EDMONDSON AVE CATONSVILLE MD (VRA 15, 4)

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	prid For to H		sow the dec	eased alive or	ot) view the body	ofter death	_19	ond that in (my	r) (our) opinion	death occurred	on the date on	d hour one	from the	couses stated
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(VRA 15, 4)

24 FUNERAL DIRECTORSOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)NU

BNAI ISRAEL CEMETERY

BALTIMORE, MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE AKA: JULIE CARMEN RUFF CERTIFICATE OF DEATH REGISTRAR MIDDLE 1. DECEASED NAME TYPE OR PRINTS RUFF NOVEMBER 6, 1987 6:15 BABY GIRL 3. SEX IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAYS IF UNDER I YEAR MONTH DAY YEAR 10/15/87 FEMALE WHITE To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY MARYLAND WIDOWED DNORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE DIVISION OF VITAL RECORDS, 204-W.PRESTONS BALTIMORE, MARYAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE BALTIMORE YES T 2312 HAMILION AVENUE 21214 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 1.451 MIDDLE LAST JAMES C. RUFF JOYCE C. CONVERSOR 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO LYES, NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES! JAMES RUFF 2312 HAMILTON AVENUE n/a APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: CARDIOP 4LMONAM 45 minutes IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF MULTI SYSTEM Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR ASYA CONSEQUENCE OF underlying couse last ASPHYXIA 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? BURST LIVER CAPSULE NOI YES | Sh 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my four opinion death occurred on the date and hour and from the couses stated DIRECT DEGREE 226 SIGNATURE 22r. DATE SIGNED MA MEDICAL STAFF ATTENDING the Stote DIRECTOR PHYSICIAN P MPORTANT 22e ADDRESS FESTREET BALTIMORE MD 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE PARKVILLE MD. TATE BURTAL 11/09/87 BALTIMORE PARKWOOD CEMETERY RP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 1328 SULPHUR SPRING RD. NOV (VRA 15, 4)

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21 is mo		22a. I certify that (I) (this saw the deceased of above, (I) (we) (did) (hospital) attended the live on November (did not) view the body	<u>per 191987</u>	vember 1, 1987 _, and that in (my) (our) opinion	, to NOVEMB n death occurred on the de		, that (I) (we) lost he couses stated
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(VR	RA 15, 4)	WI	LLTAM E. JOH	NSON 8	521 ĽŐĊI	H RAV	EN BLVD	DV 5 1087	1.0	1000	Last

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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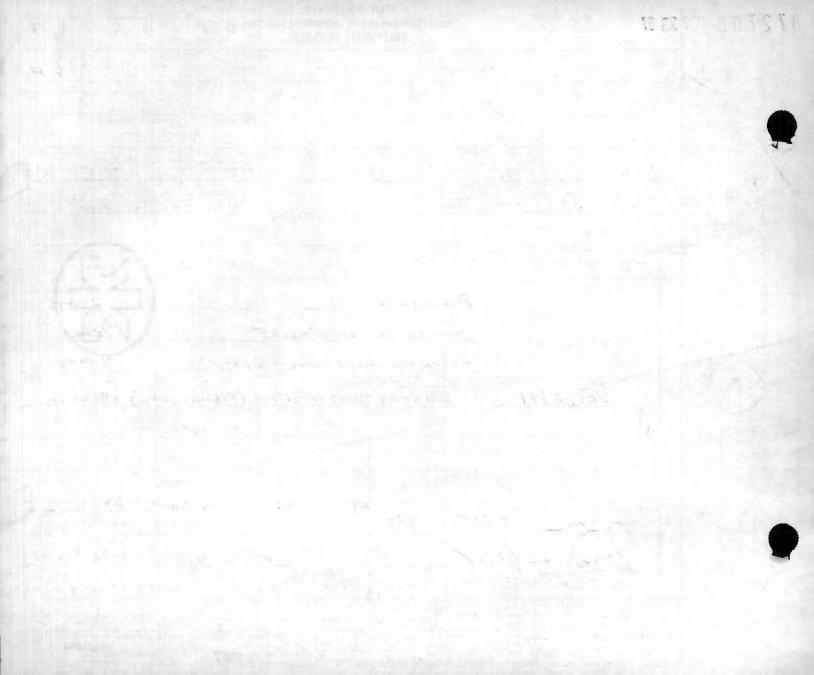
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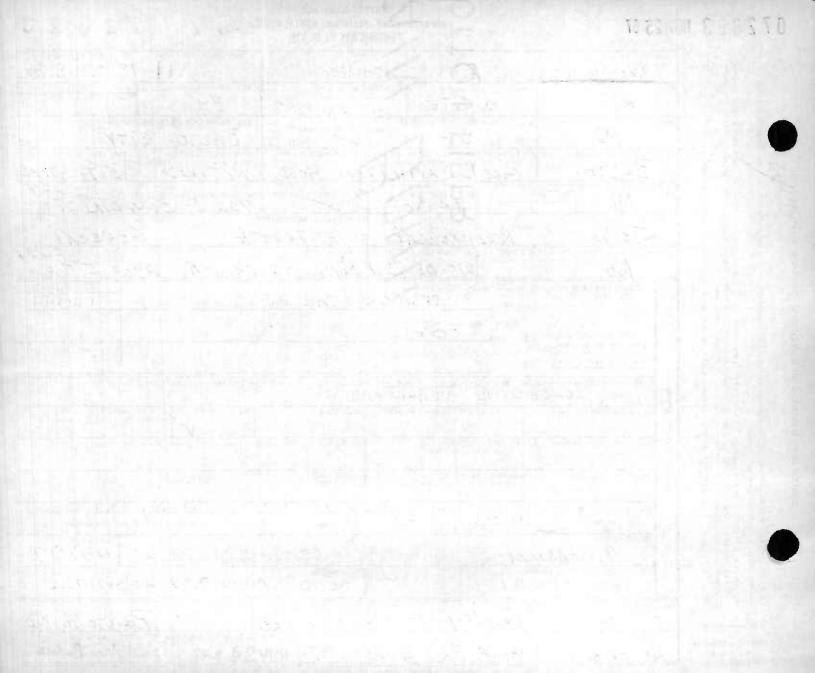
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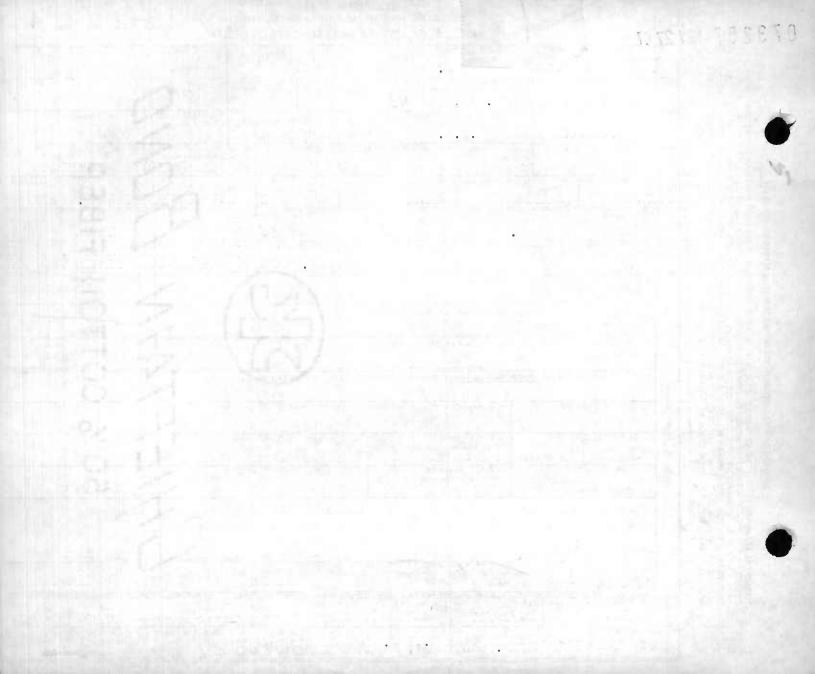
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	Offer fl	e os the alth and marked	#	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFF	CE, FARM, ETC)	SIREE	CITORIC	, , , , , , , , , , , , , , , , , , , ,	001411	31216
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	pitol TOR	of H 21 is			saw the deceased alive a	view the body after death.	87 , and	that in (aur) apinian	death occurred on the d	ate and hau	or and from the	causes stated
	R A hos	ept.			22b. SIGNATURE	view the body differ death.	DE	GREE			22L-DATE	ESIGNED
	the the	detoc fote D			H30480	uan		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN TH	11/1	13/87
	- 9 111	000			226. PHYSICIAN'S NAME (TYPE	OR PRINT)		77e ADDRESS				4
	HO.	should be detact with the State D			ABOUSSO	UAN		GOOD SI	AMARITAA	J ilc	57111	77_
	of of of	₹ ₹ <u>₹</u>		23o_ E	LIRIAL, CREMATION, REMOVA	L 23b. DATE 2	3c NAME OF CEA	METERY OR CREMATORY	236 LOCATION			
	BP			1	SURIAL	11-23-87	ST. STA.	Vislaus (FI	4 CITY OR TOWN	F	BALL TO	6 170
		4041 7 45		24. FL	INERAL DIRECTOR	01/	31111	250. DAT	E REC'D. BY REGISTRAR			
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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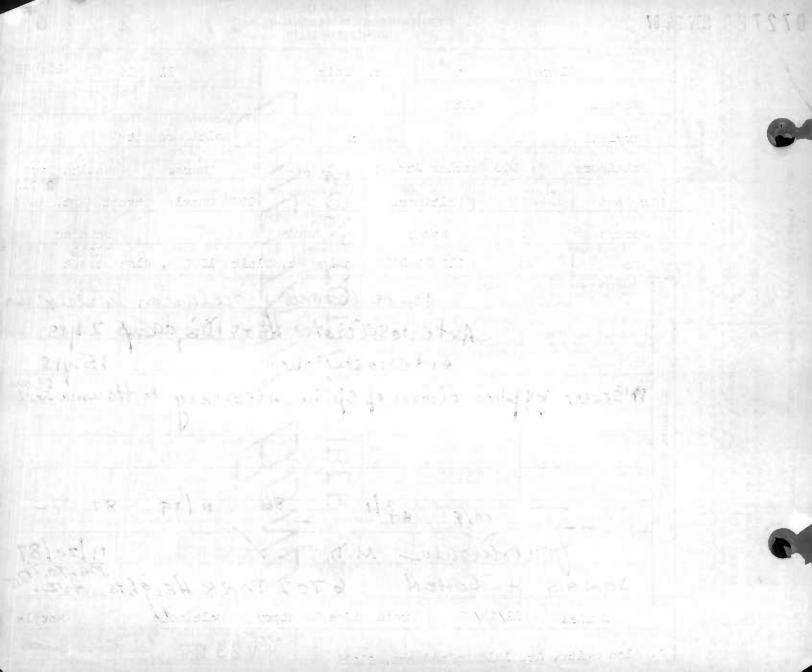
4.	15	MOISTRAR			CERTIF	CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRST	Robert	M.Sado		defely	20 DATE OF DEATH	MONTH	6	YEAR 87	26 HOUR 950 A M			
H	1. SE	The same of the sa	RACE		5. DATE C		6. AGE (IN YEARS LAST &	IRTHDAY)	IF UND	ERIYEAR	IF UNDER 24 HRS			
J	1	Male	Cau.			-31-30 YEAR	57	YRS		DAYS	HOURS MIN.			
5		COUNTRY) land	USA	WHAT COUNTRY?	MARRIE WIDOWE	D WEVER MARRIED	BALTIMORE CITY		TYOFD	C A	✓ MD.			
/	В	altimore City	Fran	HEACHITY, GIVE STREET A	tt K	ey Hospital	TION OF WORKING							
2	130 9	AL RESIDENCE (IF NURSING HOMEOR OF STATE 136 COUNT BAIT.	imore	134 CITY OR TOWN ROSEDA	le		8015 Sac	/ ZIP CO	ore	Road	1 21237			
É		THER'S NAME Arthur Sado	fsky	LAST		Haedie Fer				LAST				
2	16a V	VAS DECEASED EVER IN U.S. ARMI	WAR OR DATES)	2182695		Theresa Sad	lofsky 80		Sagr	amoı	re Rd.			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	line farial, (b), and	1	conary Aries	et			APPROXU BETWEEN C	MATE INTERVAL DNSET AND DEATH			
1		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	RAS A CONSEQUE	NCE OF	capeis								
	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS CC	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE OR COM	VDITION G	IVEN IN	PART lia				
	CERTIFICATION	TN DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	INCERT	'ES, WER TIFYING YES []	E FINDIN CAUSES	GS USED OF DEATH?			
-	400	?)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	8 PART I OF	PART 2)				
	MEDICAL	214 INJURY OCCURRED WHILE IN HOT WHILE IN AT WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR T	OWN	cc	VINITY	STATE			
		22a.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat)	111	(* 19_	57 , or	id that in (my) (aur) apinian de	, tail	date and he	., 19 <u>~</u> aut and t		that (It (we) last			
	3	THE SIGNATURE	de		lto	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN D	2	DATE	IF /87			
		22d. PHYSICIAN'S NAME (TYPE OR P				4940 Garder	11 Airs E	ilt iu	10,4	110	45515 1			
		URIAL CREMATION REMOVAL	236. DATE 11-9-			emetery or crematory anislaus Cen	Baltin	nore,	Ma	ryla	and STATE			
1	AL FL	personetic 12	11 (]	ADDRESS	217	250 DATE	REC'D. BY REGISTRA	R 25b. REGI	STRAR'S	SIGNATI	JRE			

DHMH - 16 60M 7/84 (VRA 15, 4)

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m 5		CEASED NAME	FIRST		WIDDLE		LAST		2a. DATE OF D	EATH MONTH	DAY	YEAR	2h HOUR		
noy be poge 3			ildre	d	J.	St	. Clair			11	19	87	10:00		
Her o	3. SE	(4 RACE			E OF BIRTH	YEAR	6. AGE (IN YEA	S LAST BIRTHDAY)	IF UN	DER TYFAR	IF UNDER 24 HRS		
ge 4		Female		W	hite	-	09 15	12	75 YRS.						
Po Popular	7a B1	OUNTRY)	OREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8.	RIED NEVER MAR	RIED	9. BALTIMORE	CITY OR COL	JNTY OF C	DEATH			
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by the fu	10 CI	Baltimore	TH	3900 C	HOSPITAL, N CHFACILITY, GIVE harles	URSING HOM STREET ADDRESS) Street	E OR OTHER INSTITU			CUPATION OR MOST OF WORK	ING LIFE) IN	NDUSTRY	th Care		
24 hour filled in build be f	13a. S	L RESIDENCE (IF NURSI TATE aryland	NG HOME OR	OTHER INSTITUTION	13t. CITY OR		134 INSIDE CITY	LIMITS?	13e STREET AD	DRESS / ZIP (Stree	et A	21211 pt. 1004		
thin thin	14. FA	THER'S NAME	1.5				15. MOTHER'S MA		ΛĒ						
d w	Joseph 160. WAS DECEASED EVER IN U.S.			MIDDLE B.	Bal	ker	ANN			MIDDLE		Schar	fer		
5 . 0 . 0					166 SOCIAL	SECURITY NO	. 17. INFORMANT		-	ADDRESS		2121			
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rcote hysic pope oval.		18 CAUSE OF DEATH PART I. DEATH WA	H (Enter on AS CAUSE	ly one couse pe D BY:	r line for (o), (bi, and ici.i	Coron	abil	Beni	2	-		MATE INTERVAL ONSET AND DEATH		
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nove notio		Conditions, if ony, gove rise to imm		(b)	4071	1103	ceran	C 148	Or V	is ouc	orys	2-1	VIS		
that the		couse (a), stating underlying couse		DUE TO, C	R AS A CONS	FER C		Res			'	15	455		
signed hen pli to buri ijury, o	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING	G TO DEATH	UT NOT RELATED TO	THE TERMI	NAL DISEASE	OR CONDITION	I GIVEN IN	PART H	seon		
ny in	CERTIFICATION	19a. DATE OF OPERAT	OK	UP COND	SCOL:	ASL3 HICH OPERAT	DN WAS PERFORME	EDI	200 AUTOP	120h	IF YES, WE	RE EINDIN	1a Sall		
n. n. nos b	IFIC,	TAL DATE OF OFERAL		J Na com	THOUT OR T	THE TO EXA	TOTAL TENTORING			INC	ERTIFYING	CAUSES	OF DEATH?		
The state of the s	ERT	21g. ACCIDENT WAS UND	ERLYING [1 21b. TIME C	OF INJURY		21c. HOW INJUR	RYOCCURR		NO NI INVIENTINA IN ILE	YES	OP PART 21	NO 🗌		
phys phys riffco il-tro rol Hy m 18		OR CONTRIBUTING C	AUSE OF DEA	HOUR A	M. MONTH		AR	Occorn	ED (EIGIER IGNIO	() () (() () () () ()	WID PARTIT	JR 1 7 7 1			
YSIG ding s cer s cer s cer ment	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR			.M. OF INJURY	1	211. LOCATION								
the the	W.	WHILE NOT WHE	HLE			FFICE, FARM ETC)				CITY OR TOWN		COUNTY	STATE		
A Afte		AT WORK AT WOR		1 1 1 1 1 1	1 14	7		86	. 4	120		21			
OR OR		220.1 certify that (I)			- / /	11/11	and that in (my) (pur	thoninion d	enth occurred	on the date on			that (I) (we) los		
ATTI OSP OSP OSP OSP OSP		sow the decease above, (I) (see (d	did no	t) view the body	ofter death.		DEGREE	форилоп	-/	on the dote one					
AL OR The h Jetoche ore Dep			Hor	usio	Toke	u	A / TO ATTE	NDING SICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	20/87		
HOSPITAL FUNERAL FUNERAL Mid be det or the Stote		22d. PHYSICIAN'S NA	AF (TYPE O	R PRINT)	1	,	22e ADDRESS	1000			6	BA	170.21-		
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D € F € 3 ₹4		URIAL, CREMATION, I	REMOVAL	23b. DATE			F CEMETERY OR CREA		23d. LOCATI	ON ,	1				
BP	(Buria	al	11/23,	/87	Druid	Ridge Cem	netery	Ba.	ltimoke	COL	UNIY	Maryla		
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR			400	DRESS		25e. DATE	REC'D. BY REC	GISTRAR 256. RE					
(VRA 15, 4)	A	Alan Seit	-zT	r 3010			01011	NC	V 23	987 9	when d	ignous	" Continue		
			LELE II	10.18	Rotan	a ave.	Z1211				-				



*i	712 N	ov	FOR STATE TEGISTRAR			DEPART	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	NTAL HYGI	ENE 8	REG. NO.	3	2 3	2 7
	age 3		TYPE OR PRINT)	Samue	1	(NMN)	S	SALVO		2a DATE OF	DEATH MO	I DAY	187	26 HOUR 36
	ctor, p		3. SEX		4. RACE Wh	t	S. DATE OF	F BIRTH	17	6 AGE (IN YE.	RS LAST BIRTHDA	MON YRS	NDER I YEAR	HOURS MIN.
0	eath. Pog nerol dire n 72 hour	14	COUNTRY)	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MAR			TTMORE	OUNTY OF	DEATH	M
5	s ofter d	8	Baltin	OF DEATH	(IF NOT IN SUC	OSPITAL, NURSII H FACILITY, GIVE STREET SITY HOSI	ADDRESS)		1.00	12ª USUAL O	CCUPATION FOR MOST OF WO		INDUSTRY	BUSINESS OF
(ND 212	filled in buld be	6	USUAL RESIDENCE	IF NURSING HOME OF		12 CITY OR TOV		13d. INSIDE CITY YES 🛣 NO	LIMITS?	13e.STREET A		P COPE	212	1.3
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IMORE,	ages I on	X	WAS DECEASED LYES, NO OR UNKNOV YES		MED FORCES? WAR OR DATES)	266-28	-2299	VIVIAN .	M. SAI	LVO (W	ADDRESS LFE) SA	AME AD	DRESS	
51., BALI	physics physics people repeal.	3		DEATH (Enter onl ATH WAS CAUSED IMMEDIATI			1	Imonas	y)	Avest	+		BETWEEN OF	ATE INTERVAL NSET AND DEATH
ESTON	deoth ce attending nove carb otion, or i			f ony, which	DUE TO, O	R AS A CONSEOU	ENCE OF							
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ed by the color or other tr			o immediate stating the couse last	DUE TO, OI	R AS A CONSEQU	Cro T	zing t	ascı	2 tis				
ORDS, 20	signe Then p			r significant c	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	VAL DISEASE	OR CONDITI	ON GIVEN	IN PART 1(o	
AL RECO	re has been sit permit.	~/	19a DATE OF C	5/87	Nec	TION FOR WHICH	OPERATION	ciz itis			NO A	CERTIFYIN YES	ERE FINDING G CAUSES (
N OF VI	SICIAN: The nag physicial certificate Uniol-transit lental Hygie Item 18 should be not a second to the nage of the	1-	OR CONTRIBUTION	VAS UNDERLYING		M. MONTH D	AY YEAR	21c HOW INJUR	RY OCCURR	D (ENTERNATI	URE OF INJURY IN	ITEM 18 PART	OR PART 2)	
DIVISION OF VITAL RECORDS,	ar ottendii After this e os the bu		WHILE AT WORK	NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY BET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET			CITY OR TOWN		COUNTY	STATE
	aspital ar SCTOR: A d for use		sow the cobove, (1)	hat (1) (this haspit deceased alive an (we) (did) (did not	11	10 19		d that in (my) (ou	19 D 7	eath accurred	on the date	and hour on	d from the c	
	AL OR AL DIRE detachers the Dept.		22b. SIĞNATU	They	rough	Shook	1 20	PHY	ENDING ISICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	1	224. DATE S	10/87
	HOSPITA ned by FUNERA ild be d the Sta		22d. PMYSICIA	ODN T	14	1: >		22e ADDRESS	5	3.00.	Q	B	4.	2 = 0

231. NAME OF CEMETERY OR CREMATORY

WOODLAWN

DHMH - 16 60M 7/84 (VRA 15, 4)

11/14/87 14 FUNERAL DECEMBER FUNERAL HOME 3331 Brehms Lane INC. Ralto Md. 21213 Balto. Md. 21213

230. BURIAL, CREMATION, REMOVAL

BURIAL

23d LOCATION BALTIMORE

MD.

071712 13 13 07 1 / 10/87 1 M THE PS PERSONAL 5 477 £20 Cardio La Monnie Street INTERDED FRET STORY (51) ET Westerny + 53 3/11 FB 9/4 FB 2/11 FINAL TO SEE THE SECOND Chargon J. P. Smallie Do 12 S S. S. S. S. S. S. J. J. Torrang

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87STATE REGISTRAR CERTIFICATE OF DEATH REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH DAY (TYPE OR PRINT) poge r deoi dev-S 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 56 30 TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED COUNTRY U.S.A. aryland Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION JIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Francis Scott ${ t HSWE}$ USUAL RESIDENCE (IF NURS NG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE timore Maryland Dundalk 8218 Rosebank YES [NO K L-FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eibner Walker Sophia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212-28-2953 Jack Sanders 8218 Rosebank Ave. 21222 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ASIA CONSEQUENCE OF Hod wall hementoma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last OSOS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Awon ic 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe YES [NO Yg 71m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET ed NOT WHILE I WORK 220 I certify that (1) Ithis hospital) attended the deceased from saw the deceased olive on obove. (I) (we! did) (did not) view the body after death and that in (my (our) opinion death occurred on the date and hour and from the causes stated DIRECT DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN old be with the Sft. 22e ADDRESS 23c MAME OF CEMETERY OR CREMATORY 23d LOCATION

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Buria

BP

(VRA 15, 4)

23b. DATE

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Connelly Funeral Home of Dundalk

of

Garden

STATE OF MARYLAND

26 HOUR

12b. KIND OF BUSINESS OR

Ave4 21222

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO |

STATE

STATE

COUNTY

CITY OR TOWN

22c. DATE SIGNED

5 Min

INDUSTRY

IF UNDER 24 HRS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21219

Dû11

21219

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDOLE 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS Sander 11 93 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR April 22, 1901 White 86 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City USA Maryland WIDOWEDIZ ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rheem Manuf.

(TYPE OF WORK FOR MOST OF WORKING LIFE) Francis Scott Key Medical Center Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 11ac, CITY OR TOWN 13d. INSIDE CITY LIMITS? 7332 Geise Ave. Edgemere **Baltimore** NOX Maryland YES [

A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE A Alice Stewart Charles H. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS

IYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Kathleen Derrow 7312 Hughes Ave. 213-18-7565 No

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY. MITAILE WILLIAM MILLA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated

above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 11 - 30 - 87Oak Lawn

Baltimore Maryland

STATE

A FUNERAL DIRECTO Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:

MEDICAL

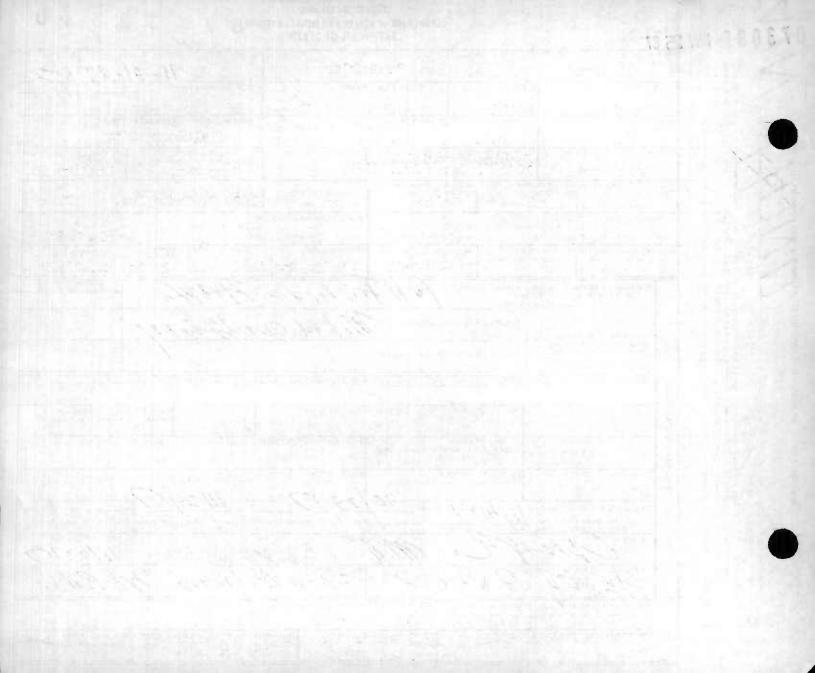
9705 Belair Rd.

Balto. Md. 21236

250. DATE REC'D. BY REGISTRAR 256. REGISTRARS.SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) FISCHIMUNEK FUNERAL HOME

Inc.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 26 HOUR TYPE OR PRINT Mercie 11 - 5 - 87Savage 1. de 3. SEX 4. RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYL IF UNDER LYFAR IE HAIDER 2 LMB 1-27-33 YEAR Female Black 54 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Accomack, USA Balto, City WIDOWEDIX DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? MD 5239 Fredcrest Rd 21229 Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Harry Mason Marv Allen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS HEYES GIVE WAR OR DATEST 230-42-507 5239 Fredcrest Barbara Allen NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: Carllac arros IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Terminal Conditions, if ony, which Creccinonia - Coervical gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from_ sow the deceased alive an_ nd that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL NOU 5, 1982 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT/ 7.5 Dr. M. Kates Sinai Hospital, Belvedere & Greenspi 230 BURIAL, CREMATION, REMOVAL -Ing 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY BURTAL /9/87 MARYLAND NATIONAL BALTO St. REGISTRAR'S SIGN PURE 24 FUNERAL DIRECTOR ADDRESS 4600 Liberty DHMH - 16 60M 7/84 INC. Hgts. Ave. (VRA 15, 4) & SON. EROY O

VOV. B BBS CO. DECEMBER

Dr. Co. at Large

STATE OF MARYLAND

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453	NOV I	98	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 3 2 3 3 3									
			CEASED NAME FIRST	MIDDLE		. 1	REG. NO.						
			E OR PRINT)	MIDDLE	20 . 1	31	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR	3		
4 40			JAMES	V. 3	CAL	410	/1	W. 10	19	87	M		
0 0 1		1.58	× 14.8	RAGE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNIT	RIYEAR	IF UNDER 2	4 HRS		
4 55			T	he to	MONTH 17-	10-04/9/2 YEAR	MONTHS DAYS HOURS MIN						
done done	-	7a D	IRTURLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	0		9 BALTIMORE CITY OR COUNTY OF DEATH						
4 75	1	/0.0	COUNTY)	CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DE	AIH				
100	30	T	Ind.		WIDOWE	DIVORCED [Dallen	no Ou	el;		MD.		
1 11	(2).	10 5	TY OR TOWN OF DEATH	HAME OF HOSPITAL, NURSING	HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION	12b.	KINDO	BUSINES	SSOR		
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2 all	一起		my 138 COUNTY	13. OTY OR TOWN	ine	13d. INSIDE CITY LIMITS?	F20 1 Ga	ton Car	we.	21	119		
-		14. F	ATHER'S NAME			H. MOTHER'S MAIDEN NAM		0					
- 3	VI.	1	MIDO MIDO	DE DO LAST	- 4	FIRST	WIDDLE	1300	LAST		_		
3.4	100	160	WAS DECEASED EVER IN U.S. ARMED	D FORCES? 16b. SOCIAL SECUR	ITY NO	IZ INFORMANT	ADDRESS	uco	711	27	_		
	2/		(IF YES, GIVE WA	AR OR DATES)		2001	1	10.10	of I day	(0)			
3 50	y		NO -	215-01-6	209	Cunh V.	. Scaller	1904 90	lous	4 101	race		
ate of	70		18 CAUSE OF DEATH (Enter only o	ine cause per line faries. (b), and	(c1.)	1	1		APPROXIA	WATE INTERVENIET AND D	ZAL DEATH		
中 七日	0	1	PART I. DEATH WAS CAUSED B		a.	un Ital	Len M	1000		200	/		
5 80	9 9		IMMEDIATE C	AUSE (a)		7/1/	1 19 1	1	->	,,			
£ 00	0.0	1		DUE TO, OR AS A CONSEQUEN	S OF	0.0	1 10000	0		0			
4 5	0 7	1	Canditians, if any, which gave rise to immediate	(b)(b)	ER	cos ceno	ra cero	cones	lus	us_			
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The gar	8 4	NO				TO THE TENNES	THE DISEASE ON COILD	/	I AKT TIQ	- 75			
	9 6		19g. DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPSY?	ON IF YES, WERE	E FINDIN	GS LISED			
9 6	9 5	CERTIFICAT				THE TENT OWNED		N CERTIFYING	CAUSES	OF DEATH	H?		
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A DE PER	5.4	1	22h SIGNASSIRE	ewyne body direct death.	0	EGREE		21	2c. DATE S	SIGNED			
0 4 0 5	0 ±	1	11/100	make	m	ATTENDING _	MEDICAL STAFF		111	19/	07		
By by	3 5	-	221 PHYSICIAN'S NAME (1900)	2/2/1	111	PHYSICIAN 278 ADDRESS	DIRECTOR PHYSICIA	N L	11	1/10	2		
52 36	A TRO		11/1/1/1	1111111111	,	7 2 2	2 An	ni					
HI ON	# 6		176.176	E 61 -1410)	,	10/11	-01101	Phy	ee_				
25 -2		23a	BURIAL, CREMATION, REMOVAL 2	73h. DATE 730 NA	AME OF SE	METERY OR CREMATORY	23d. LOCATION		-)			
BP	_	1	wiel	11-18-1987 Na	w to	Thedul Com	Dally	no COUN	TY /	red'	ATE .		
DUMAN 24	1011 7/0	343	UNERAL DIRECTOR	Bals.	ne.	21223 250. DATE	REC'D BY REGISTRAR 25	. REGISTRAR'S					
DHMH - 16 (VRA 15		IV	firm faringe	ADDRESS ADDRESS	21,00	win At	JV 1 8 1987	Andia K		8 .			
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7771C MOU	1	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	rGIENE 8 7 3	2 3 3 4
1/2/10 MAA	23 01	REGISTRAR CEASED NAME FROM	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26. HOUR
1 76		Vincent				20. NOOK
-A 100 00 100	1,58		I PACE	Scardina 5. DATE OF BIRTH	November 6 AGE (IN YEARS LAST BIRTHDAY)	17 1987 5 000 M
J 1 95	-	Stale	whete	11-7-1904 EAR	83 YRS.	MONTHS DAYS HOURS MIN.
4 50 F	71.8	RTHPLACE ISSATS ON FOREIGN	76. CITIZEN OF WHAT COUNTRY	RARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
d and and	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BALTIMORE C	ITY MD.
201 The tracks	0	BALTIMORE	SAINT AGNES HO	SPITAL	OFFE OF WORK FOR MOST OF WORKING L	
MARYLAND 2120 ed within 24 hours, ed within 24 hours, and 25 should be file esomine; mout be its	5 USU	AL BESTDENCE OF HURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO		139 STREET ADDRESS	St. 21230
ARYLA plensky od 2 sh	(F) N.	ATHER'S NAME	MEDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	A LAST
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A Canada			nly ane cause per line far (o), (b), o	and (c).1	- +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. PR		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	UENCE OF		
DS, 20 pures 4 signed her ple o burio	Z	PART 2. OTHER SIGNIFICANT ((c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
RECORDS for requir to been signered be- epiner to be	7 Š	IN. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
VITAL B		11/15/87	Small hou	vel Obstruction	YES NO Y	ES NO
OF VI	2 2	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ONO Disposition of the control of th	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
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# 0 5 0 ±		The SIGNATURE	- nn	DEGREE ATTENDING	_ MEDICAL _ STAFF	IN DATE SIGNED
HOSPITAL med by the FUNERAL uld be ded 1 the Store ORTANT.		THE PHYSICIAN'S NAME (TYPE O	OR PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11/1/8/
O HOS hould b wholiff the		MICHAEL FIOCC	O, M.D.	900 S. CA	TON AVE., BALTO.,	MD. 21229
PD PD	73a	BURIAL CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION OF STATE	SOUNTY BO TRAIL .
DHMH - 16 50M 1/B1	24. F	UNERAL DIRECTOR 901	Hallen It	all 21123 MA		TRAR'S SIGNATURE
(VRA 15, 4)	1	hal Corver	Sens in	1	1 2 0 1301 Julia (der leave of indicately
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15 - Distance of Secretary States and Land Francis and Land

24 hours ofter death. Page 4

DEC .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	7	3	2	3	3	5
CERTIFICATE OF DEATH		REG. NO.					1

1 - STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	2000
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
HENRY	М.	SCHAEFER	11	30 87 12:05am
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	12 15 09	77 YRS	MONTHS DAYS HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COUN	
MARY,LAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CIT	Y MC
BALTIMORE	17). NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI ST. AGNES HOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING TROUBLESHOOTER	126 KIND OF BUSINESS OR INDUSTRY TELEPHONE
<u>L</u>	OR OTHER INSTITUTION, GIVE RESIDENCE BE JUNTY 134. CITY OR TO CATONS	OWN 13d. INSIDE CITY LIMITS? YES \(\text{NO \(\text{X} \)	13e.STREET ADDRESS / ZIP CO 22 WOODLAWN AV	
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
CHRISTOPHER	SCHAEFE		ESTELLE	MENCKEN
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRESS MAI	RYLAND 21043
NO	212-01-	-5018 SARA CAMPBE	LL 2915 NORMANDY	DR. ELLICOTT
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) CLEVE DUE TO, OR AS A CONSE (c) CASTERIA (c) CASTERIA (d) CONSE	QUENCE OF Myoral	ial Infanction	n sudden
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE LER	MINAL DISEASE OR CONDITION C	SIVEN IN PART 110
ZO IN DATE OF SPERATION 11 DATE OF SPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WAY	CH OPERATION WAS PERFORMED	78s AUTOPS#1 78s #1	YES NO NO
OR CONTRIBUTION CONTRACTOR OF D	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
UF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
sow the deceased alive a	pital) attended the deceased from 11-17-87 19	0	n death occurred on the date and h	_, 19
226. SIGNATURE	1-36		MEDICAL STAFF DIRECTOR PHYSICIAN	11-30-87
DR. ALLAN	PEREZ	22e ADDRESS 1009 FREDER	RICK ROAD BALTIN	MORE MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

OLIVET CEMETERY

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as

IMPORTANT: IF He

23a. BURIAL, CREMATION, REMOVAL

BURIAL

^{24 FUNERAL DIRECTOR} RUSSELL C 1630 EDMONDSON AVE WITZKE FUNERAL HOMES CATONSVILLE MD 21228

236 DATE 12/03/87

23d. LOCATION
CITY OR TOWN
BALTIMORE

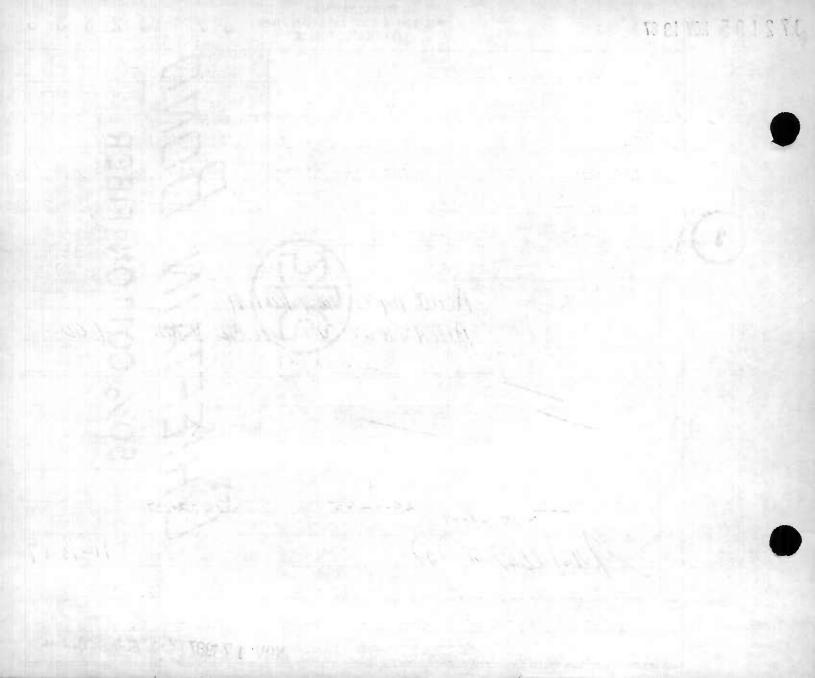
MARYLAND

I E E O HOW I	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 / 3 2 3 3 6
1553 NOV 1	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR
poge 3	JOHN HAWKINS SCHIAFFINO 11 09 87 01:2
c , u	SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
Poge 4	MALE CAUCASIAN 01 21 09 78 YRS.
deoth. Po	BIRTHPLACE (STATE ORFOREIGN 15. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City
ofter the f	Baltimore City St Agnes Hospital 11. Name of Hospital, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retail
24 hours filled in by orded be filled in high be filled in high be filled in high be not a second to be a secon	Usual residence (if nursing home or other institution, give residence before admission) Usus County Usus Cou
cate be executed within 24 hours ysicio and completely filled in by spers. Pages 1 and 2 hoofid be till you.	FATHER'S NAME 15. MOTHER'S MAIDEN NAME
P P P	James Hector Schiaffino Mary Susan Hawkins
executed the second of the sec	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
e d d d	(YES, NO OR UNITOWN) 1# YES, NY AOR DATES) 212-01-7465 Katherin D. Schiaffino Same As
ot the death certification by the attending phese remove carbon proceedings of ceremotion, or removather traumotic ever	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, ORAS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
equires equires to signe to but injury.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG
ion. he law re lon. hos been it permit. It permit. It lene prior	Production of Dealets Mullister State of Operation 198. Condition for which operation was performed 700. Autopsy? 188. If yes, were findings used in Certifying Causes of Death yes No 198. Accident was underlying 198. Time of Injury 198. The time
iySiCian: The ding physicic is certificate burial-transit Mental Hygie	CALCALIZATION OF THE PROPERTY HOUR A.M. MONTH DAT TEAR
TTENDING PHYSIC pital or attending TOR: After this cert for use as the burial of Health and Ment 21 is marked or Itee	OR CONTRIBUTION COUNTY (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK AT WORK AT WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT
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TAL OR ATT y the hospin AL DIRECT detoched for ote Dept. or	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1
HOSPI' bined b FUNE sold be th the SI	FERNANDO FERNANDEZ. IMPETAN BELLINER MD 29229
5 g 5 g 3 g	236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETER OR CREMATORY 236. LOCATION CITY OF TOWN COUNTY STA
BP	Burial 11-12-87 Lorraine Park Cem. Woodlawn Balto. MD
DHMH - 16 50M 1/B1 (VRA 15, 4)	MacNabb Funeral Home, Catonsville, MD NOV 1 0 987

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8 NOV -9	87 -	FOR STATE REGISTRAR				HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 /	NO.	2 5	3
			FIRST	WIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	TYPE	OR PRINT)	ATHERI	Æ A.	SCHL	INING		11 05	87	6:35
	3. SE		4 R/		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST I		IF UNDER 1 YEAR	IF UNDER 2
		FEMALE		WHITE	4 MON	DAY YEAR 24 15	72	YRS.	MONTHS DAYS	HOURS
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3		ARYLAND		U.S.A.	MARR	NEVERMARRIED		סובי כיווייי	v	
27		TY OR TOWN OF DEATH	н 11.	NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND C	F BUSINES
40	F	BALTIMORE		OT ACN	Y, GIVE STREET ADDRESS) ES HOSPITA	AT.	HOMEMAKER	T OF WORKING LIF	E) INDUSTRY	
19	USU.	AL RESIDENCE (IF NURSING		R INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION	1)				
E L		ARYLAND	36. COUNTY		LTIMORE	YESY NO [21229	_
9		THER'S NAME		DA	LILIVORE	15. MOTHER'S MAIDEN	3205 STR	ICKLANI	STREE	11
E-		FIRST	MIDDL		LAST	FIRST	WIDDLE		LA:	
167	Ión V	WILLIAM VAS DECEASED EVER IN	ILIS ARMED		MILLER SECURITY NO.	CATHERIN		RESS		SCHNE
medital			(IF YES, GIVE WAR	OR DATES)			0000		21229	
P a	-				5-07-0525	CHARLES K.	SCHLINING .	3205 S	PRICKLA	
t You		18 CAUSE OF DEATH PART I. DEATH WAS	(Enter only on S CAUSED BY	e couse per line for :	(0), (b), and (c).)	T60, 00 - 01	1.005			MATE INTERV
ofic event, 1		IA.	MMEDIATE CA	AUSE (o)	411401014	ESPIRATORY.	ARREST		1/4	ev-
o o										
	1	Market Street		DUE TO, OR AS A	CONSEQUENCE OF				1	4
,00		Conditions, if any, v	which {	(b)		ARDIA TAMPOR	VHPE		11	973
ther traur		gave rise to imme- couse (a), stating	which diote the	(p)	PARIC CONSEQUENCE OF				00	473
ial, cremotion, or remayal, or other traumatic event, the		gave rise to imme- couse (a), stating underlying couse	which diote the lost.	(b) DUE TO, OR AS A (PARIC CONSEQUENCE OF INF	BROW IN	niret		OA	775
5 5	Z	gave rise to imme- couse (a), stating underlying couse	which diote the lost.	(b) DUE TO, OR AS A (CONSEQUENCE OF INF	FRANCIZ INT	niret	NDITION GIV	OA (EN IN PART 1)	75
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PX 2 1 9 5 NOV	REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
0 E	1 DECEASED NAME FIRST		20 DATE OF DEATH MONTH DAY YEAR 26, HOUR
age deat		FON R. SCHMUFF	Nov.12,1987 9am M
r. po	3. SEX	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ige 4	Male	Caucasian May 10 1921	66 YRS
Po Po Po	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
In Ziner	MD.	USA WIDOWEDKK DIVORCED	BALTIMORE CITY MD.
fter of the fu	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
by t filled	Baltimore	3672 Chesterfield Ave, 21213	Firefighter Balto. City
within 24 hour filed in ould be	USUAL RESIDENCE IF NURSING HO 130 STATE Maryland 14 FATHER'S NAME	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY	3672 Chesterfield Ave,2121
ARY THE PARTY	FIRST	MIDDLE LAST FIRST	MIDDLE Kalbskopf
A o	Edward WAS DECEASED EVER IN U.S	Schmuff Sr. Edna s. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	
BALTIMORE icite be execu sysicion mappers. Poor vol. it, the mineral	(YES, NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES	ADDRES 100 I Heitman D
LTIM cian cian cian the mi			chmuff (son) Spring Valley
The physical series	PART I. DEATH WAS CA	er only one couse per line for (a), (b), and ic AUSED BY: DIATE CAUSE (a). A CUIL MY OKALLAR PURC	BETWEEN ONSET AND DEATH N
DS, 201 W. PRESTON SI quires that the death cert signed by the attending hen please remove carbon to bural, cremation, ar re-		DUE TO, OR AS A CONSEQUENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 110
RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL NG PHYSICIAN: The attending physician fifer this certificate h as the burial-transit ph and Mental Hygiet h and Mental Hygiet arked or Item 18 show		DE DEATH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IVISION JG PHYSI attending ter this ce is the buri	OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM FTC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDIN sspital ar CTOR: Af af far use of t of Healt m 21 is mad	sow the deceased aliv above, (1) (we) (did) (d	id not) view the body after death.	
OR DORE	226. SIGNATURE	DEGREE ATTENDING PHYSICIAN 172 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 220 DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the State			
Shau Shau			Ave, Balto, Md. 21201
	230. BURIAL, CREMATION, REMO		CITY OR TOWN COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	11/14/87 Gardens of Faith	Balto, Md. TE REC'D. BY REGISTRAR 25 REGISTRAR 3 SIGNATURE
DHMH - 16 60M 7/84			
(VRA 15, 4)	SCHIMUNEK F	UNERAL HOME, Balto, Md. 21213 N	04 11 1991 13



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AND 24	in 24 hou y filled in	ad pinous	13a. S	MD.	3b COUNT	Y	13c. CITY OR TOW BALTO	'N	13d. INSIDE C	NO 🗆	806	ADDRESS / S.QUA	ZIP CODE	2. 21	1224	
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LTIMORE	be exec	the medica		EZ 20 CB-INKHOWH)	(IF YES GIVE V	VAR OR DATES)	214-56-9	7737	ILEEN		APHIS				C.2122	
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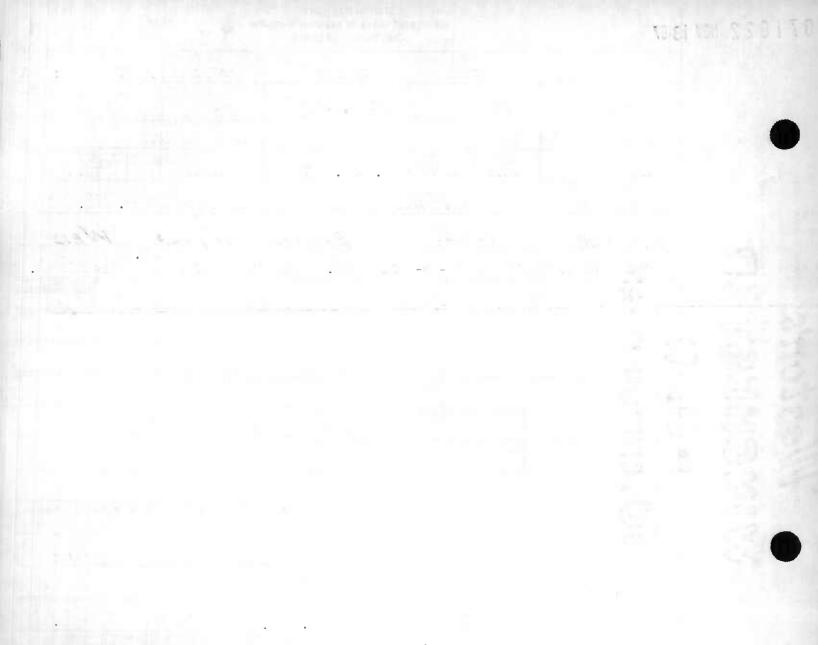
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1	with with)	10 CI	Y OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, N	NURSING HOME (OR OTHER INSTITUTION	ION 12	O. USUAL OCCUPAT			F BUSINESS OR
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IORE, M.	ond co	3		AS DECEASED EVER		MED FORCES?	100	L SECURITY NO.	17. INFORMANT		ADDR	ESS		21206
BALTIMORE, MARYLAND 2 cote be executed within 24 h	Pool (E	-	10				217-3	38-8580	Richard	W. Scl	nofield S	-541	2 Parkm	ont Ave
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R A hosp	Ped ept tem		above, (1) (\$\sigma e) (did) (did not) view the body after death. 22c. DATE SIGNED 22c. DATE SIGNED											
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TTEN pital TOR for y	1	saw the deceased alive above, (I) (we) (did) (did	on Nov-	lu attar danth	19 37 0	nd that in (my)	(our) opinion d	eath accurred on the	date and ha	out and from the	couses stated
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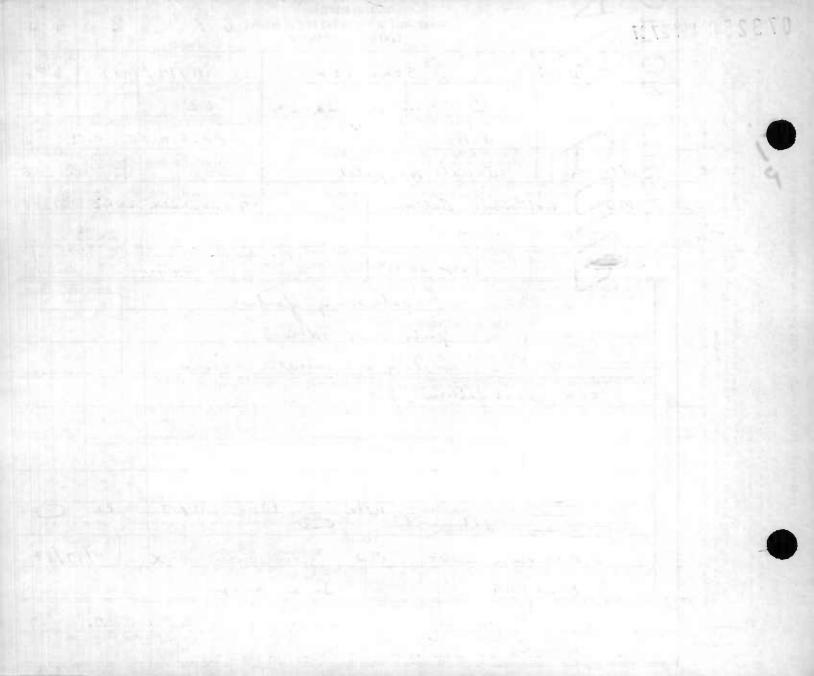
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH STRAR REG. NO DEC I FASED NAME 2a. DATE KNOWN 2h HOUR E OR PRINT) ESTI-Marie DEATH MATED X 11-25 19 Schwamb 4. RACE IF UNDER 1 YR DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS. 4 HOUR DATE MONTH LAST BIRTHDAY) VEAD PRONOUNCED DEAD 11 - 2519 87 a. M J. BIRTHPLACE A BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City DIVORCED W. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Baltimore S. Linwood Avenue LN SURANCE 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO. ORIUNKNOWN) (IF YES, GIVE WAR OR DATES) CHWAMB 2914 MOUTCHAINE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICAN) CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. Breast Carcinoma 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Inspection XX 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Accident Homicide Undetermined monner TITLE (SPECIFY) Deputy Chief ACTUAL 11-25-87 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. Ann M. Dixon, M.D. 21201 TYPE OR PRINT 23d. LOCATION 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 Julia Devidson Randale (VR A15 ME (5))

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the draft restriction executed within 24 hours or oftending physician. When this exertificate has been signed by the or maint physician and completely filled in by as the buriol-transit permit. Then please remove the organic Pages 1 and 2 should be file than and Mental Hygiene prior to buriol, cremation, or afficial organization orked or them 18 shows any injury, ar other traumatic event, the medical examiner must be not according to the process of the process	30.	M D 136 COL	ALTERNATION OF THE PARTY OF THE	etimone	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 66065 PARKH	PS. KAVE 4	PT21811
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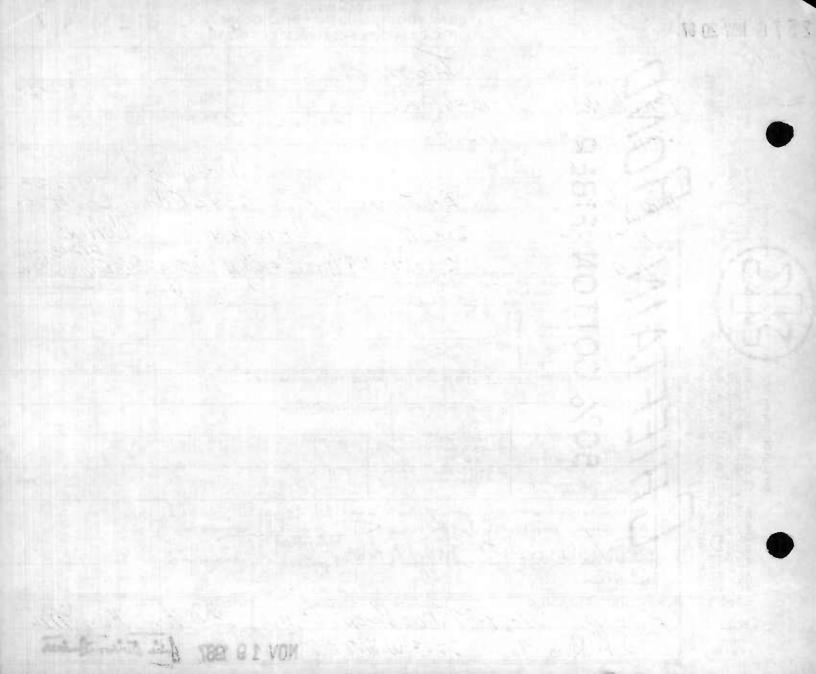


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 8 REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR 1. DECEASED NAME Lula Marie Schwartz (TYPE OR PRINT) dea 6. AGE (IN YEARS LAST BIRTHDAY) TE LINDERA VEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR 76. CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** A. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED [timore 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cashipi USUAL RESIDENCE (IF NURSING GIVE RESIDENCE BEFORE ADMISSION OME OR OTHER INSTITUTION 130 STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZJP CODE blmor 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE Bosse FIRST Frank Rvan Ethel 2401 Walden Way 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES, NO OR UNKNOWN Marriotsville21104 No Frances R. Rumblev 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO F 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ö CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) STREE1 orked WHILE NOT WHILE AT WORK 22a I certify that (1) (this hospital) ottended the deceased from and that in (my) (aur) opinion death occurred on the date and have and from the causes stated sow the deceased alive on. abave, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OR PRI 22e ADDRESS ould b MPORT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b DATE Cremation Security Process Catonsville Balto. 24 FUNERAL DIRECTOR Catonsville DHMH - 16 60M 7/84 Cremation Society of Md. Md. Inc. (VRA 15, 4)

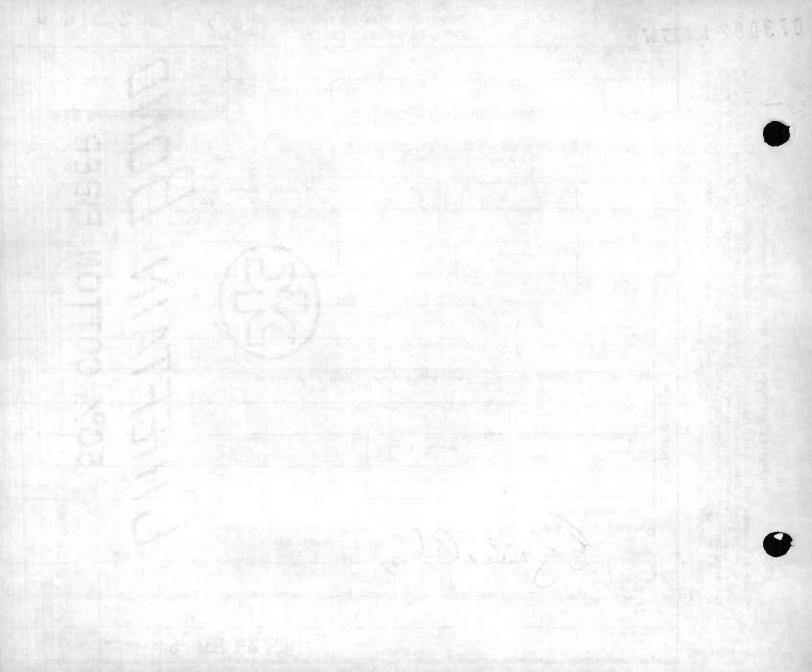
STATE OF MARYLAND

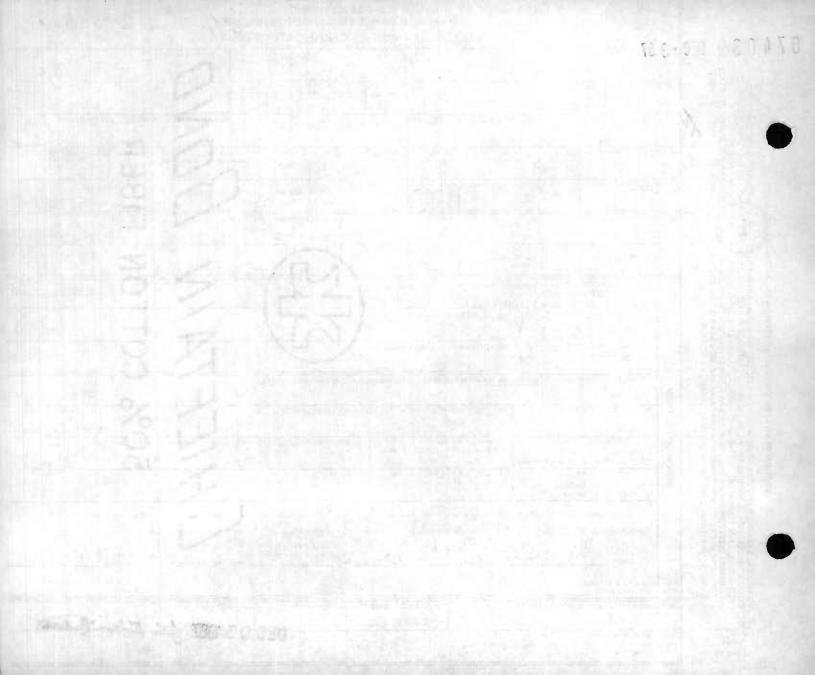
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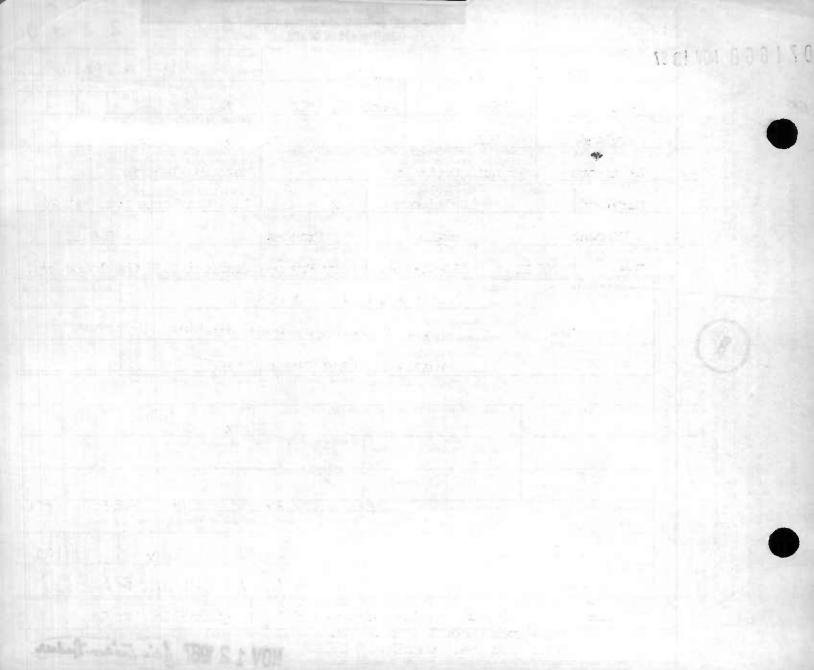
STATE OF MARYLAND 073082 NOV 25 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE I. DECEASED NAME KNOWN (TYPE OR PRINT) 1987 Timothy DEATH MATED Scott 3. SEX DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE PRONOUNCED 12 32 black 9 54 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY! Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE Shredd Spread ckers Road Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3213 Vickers Road 21215 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Willa Harry Scott Young Mae 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 212-76-7951 Geraldine Scott 1108 Kevin Road Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Smoke and Soot Inhalation DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Alcohol Intoxication 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? REPORT SHOULD BE USED STATE DEPARTMENT OF H YES A NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY UNDERLYING Victim of housefire 12:1.5PM 11-20-87 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME ZII. LOCATION 3213 Vickers Road, Bartimore City, MD NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 and in my opinion 11-21-87 MEDICAL EXAMINER SIGNED 111 Penn Street, Baltimore, MD 21201 John E. Smialek, M.D. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md 11/27/87 Garrison Forest Vet Owings Mills Buria 07/84 25M 24 FUNERAL DIRECTOR REGISTRARIS SIGNATURE **DHMH - 17** (VR A15 ME (5)) C. March F/H West 4300 Wabash Avenue



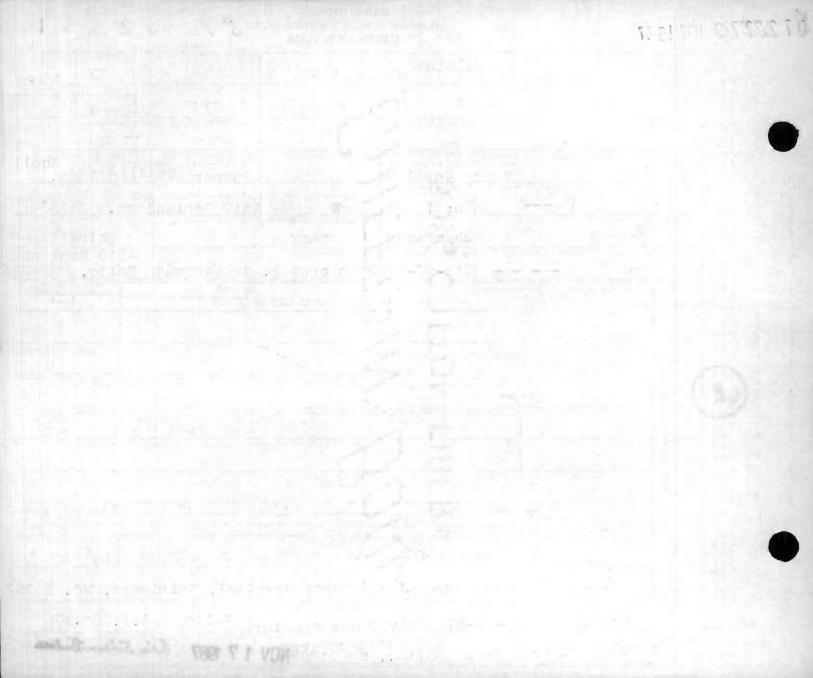


(VRA 15, 4)

STATE OF MARYLAND



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No 215-32-3620 William Sedgwick 8036 Solliey Roa	
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24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	A.

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TTEND pital a TOR: 4 far use of Heal		saw the deceased alive on	11/75 19 8	7 , and that in (aur) apinian	death accurred on the date	and have and from the causes stated
A SO OSE		22b. SIGNATURE/	ew the Body after death.	DEGREE		22c. DATE SIGNED
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(VRA 15, 4)	Ho	brew Memorial F.H	LINC 1100 Reist	erstown Rd DE	C O 3 1987	des Denibero Rendalle

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DECOS 1987 FOR ECOS 1987 FOR STANDARD S

2 3 8 3 NOV 18-87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3 2 3 5 4
	NO.
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
Selby Selby	11 1287 905
Selby 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST	
MONTH DAY YEAR	MONTHS DAYS HOURS MIN
Temple White 4 25 19 68	OR COUNTY OF DEATH
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Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPA (TYPE OF WORK FOR MOS Sales) Deaton Medical Center Sales	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. STATE 13b. COUNTY 13c. CITY OR TOWN Baltimore Baltimore 13d. INSIDE CITY LIMITS? 6401 Loc	s / ZIP CODE th Raven Blvd. 2123
Md. Baltimore YES X NO 6401 LOC	ii Raveii Biva. 2125.
FIRST MIDDLE LAST FIRST MIDDLE	LAST
I/VES_NO_OR_LINKNOWN)	DRESS
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217 03 6310 Mr. Richard L. Selby	Wings Mills, Md. 2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause [o], stating the underlying couse lost. (c)	mouth's
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1:0
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA	AR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4) MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd. NOV 18 1987	Julia Dividson Randalls

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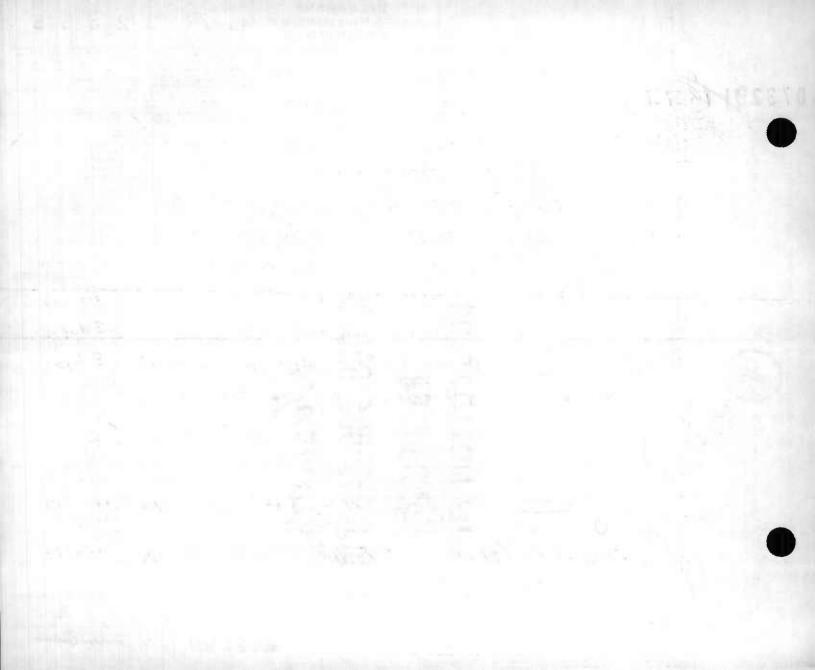
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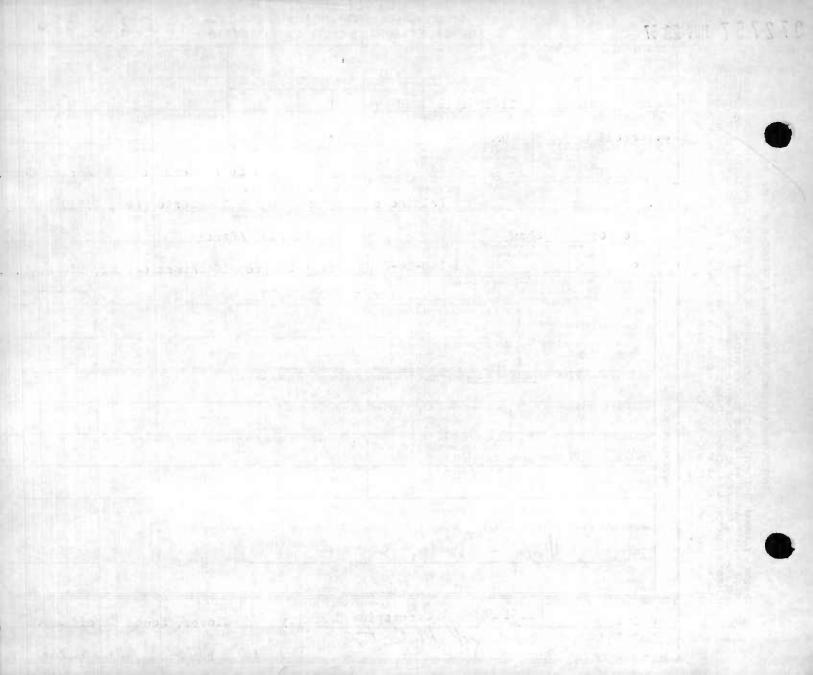
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 32 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE LAST 2n DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) 2:21 WALTER Martin Sr. SHAFFER, NOVEMBER 12 1987 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. Male MONTH HOURS. YEAR Caucasian 1919 68 May TO BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Marvland WIDOWED DIVORCED [BALTIMORE 10 CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17n USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NO THE JOHNS HOPKINS HOSPITAL But BALTIMORE BALTIMORE, MARYLAND 21201 Dealer Farm Equip. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21629 Caroline YES | Garland Road Marvland Denton 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Maphis Wise Elizabeth Shaffer Valuntia George 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATES! LYES, NO OR UNKNOWN Louetta Shaffer, Denton, PER MD 21629 214164162 No the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: -actic Acidosis one day KOREL IMMEDIATE CAUSE to PRESTON ST DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which Severe Dehudration gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying cause lost Non 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION CTranulomatous X bny 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? ronsit per Hygiene AT. YES PT NOF APPROV 71n. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH morked or them MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE NO 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on_ ED and that in (my) (aur) apinian death occurred on the date and haur and from the couses stated obove (1) (we) (did) (did not) view the bady after death LEASI 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING = MEDICAL old be deto FUNERAL PHYSICIAN [] DIRECTOR PHYSICIAN MPORTANT RE 274 PHYSICIAN'S NAME (TYPE OF PRINT) 72e ADDRESS Clemens, MD, PhD with 0 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 73d LOCATION 23b. DATE CITY OR TOWN STATE Buria1 Denton Caroline 11/16/87 Denton Cemetery MD 74 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 MOV 2 0 1987 (VRA 15, 4) Randolph P. Moore, 12 S2ndSt., Denton

STATE OF MARYLAND

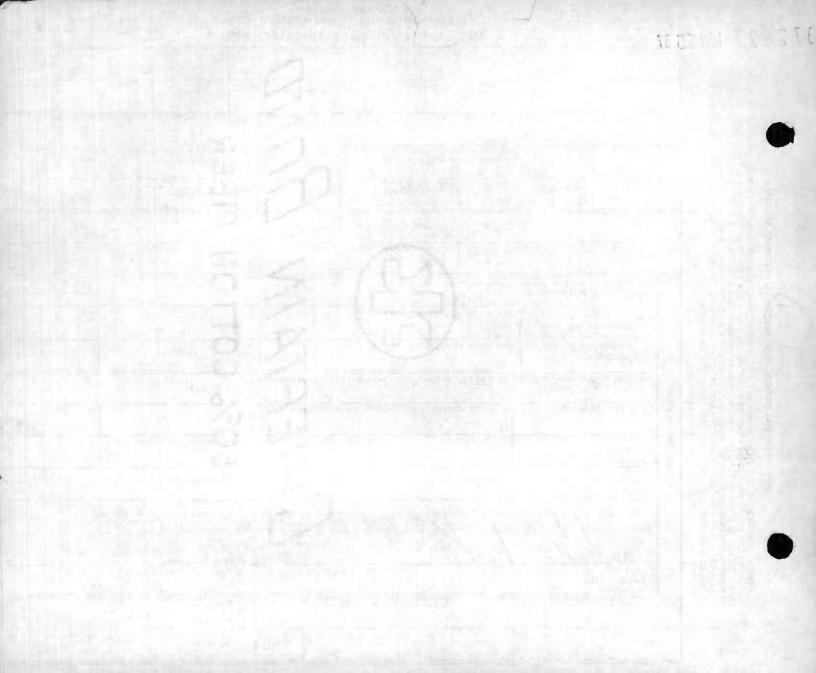


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X	pair de	//	William	Howard		ffer	Nettie	ADDR		Thomp:	son
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -072757 NOV 25 BTGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO . DECEASED NAME 20. DATE KNOWN X MONTH DAY LIVPE OR PRINTI ESTI-SHAW DEATH MATED ERNEST 11-11-87 & AGE (IN YEARS | IF UNDER 1 YR. 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 4:30P Male 11-11-87 DEAD Black. 11/12/1918 68 YRS To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) S. Carolina USA WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE! OR INDUSTRY 2523 Madison Avenue Baltimore Sugar Workers Amstar Corp SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) R STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md Baltimore 2523 Madsion Ave. 21217 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST LAST EIDCT Monroe Shaw Minnie Adams 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS I HE YES GIVE WAR OR DATEST DIVISA 250-24-8705 Ruby Simpson 104 Armstrong St Clover CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMII HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION USED AS 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: INID CRAITING THE WORD EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USING PAGE 3 SHOULD P P 8 YES [] NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ₽ OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-12-87 DATE Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230.BURIAL, CREMATION, REMOVAL 21 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 11/16/87 Greenspine Cemetery Burial ery Clover South Carolina
250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 07/84 25M CHARMLESPACEDE **DHMH - 17** FLANERAL SERVICE, PA (VR A15 ME (5)) JOO EUTAW PLACE



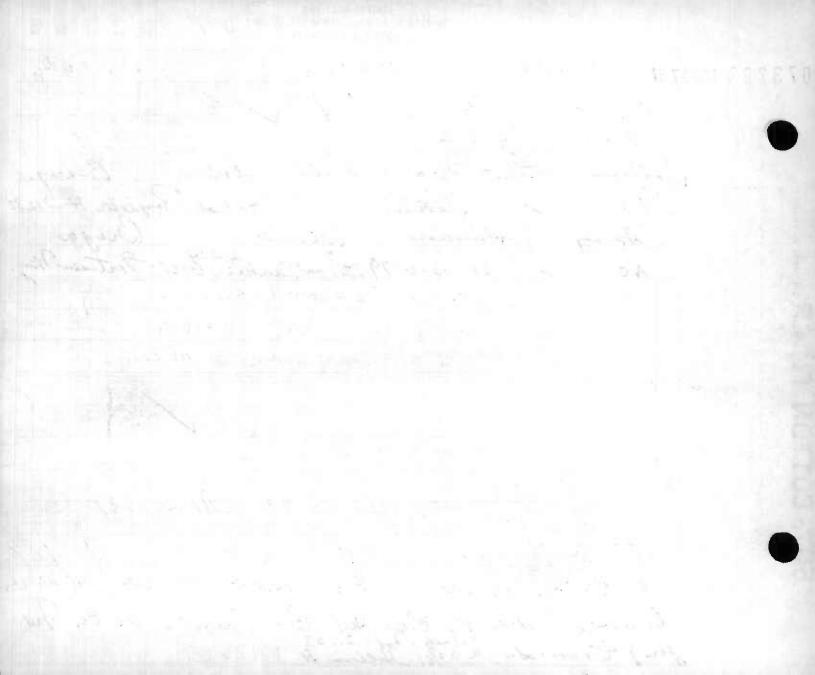
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CRRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG NATE FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IN A MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	1	(TYPE OR PRINT	Che Che	arles P. I	Kokes	M.D.		ADDRESS 111 F	enn Stre	et,balt	imore	e,MD	2120	1
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072896 NOV MEDICAL EXAMINER'S CERTIFI REG NO DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) S FOR YOUR FILES.
WITHIN 72 HOURS ESTI-T. ORVILLE SHAW DEATH MATED 11-19-87 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 24 HOUR PRONOUNCED White Male 03 09 12 75 11-19-87 2:23F DEAD 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Maryland MARRIED NEVER MARRIED USA WIDOWED Baltimore City DIVORCED O. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Church Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13h COUNTY 1839 East Loward Street 13 d. INSIDE CITY LIMITS? Baltimore Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Shaw Blanche Hughes Henderson 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Havrede grace Yes 21078 215-09-2901 Louis Shaw 700 Commerce St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HI PRIOR TO BURIAL, 20 AUTOPSY? YES [NO X BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM FTC 1 STREET WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAG
AFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural couses X Accident, Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 11-20-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Garrison Forest Burial 11/23/87 Md. Veterans Cemetery Maryland 07/84 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATUR **DHMH - 17** (VR A15 ME (5)) A. Alan Seitz, Jr. 3818 Roland Ave. 21211

	1		STATE OF MARYLAND	
072595 NOV	20	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 3 2 3 6 1.
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AND 217	5Ü 13a.	AL RESIDENCE 1 IF NURSING POME OR OF STATE 13h COUNTY Frede	TICK FRECERICK YES ID NO []	130 STREET ADDRESS / ZIP CODE VALLEY COURT
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he low re on. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) YES \(\text{NO} \) YES \(\text{NO} \)
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		BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY	Z3d LOCATION MO
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E, MARYLAND	completely 1 ord 2 s	Est.	WAS DECEASED EVER IN U.S. ARME	Aheroner Sessie MIDLE Griggs
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DIVISIO	in attending After this os the bull th and M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN COUNTY STATE
	ATTENDI or ospital or der use of Heal		270. I certify that (I) (this haspital's saw the deceased alive on abave, (I) (we) (did) (did not) v 27b. SIGNATURE	19 one that in (my) (gur) opinion death occurred on the date and haur and from the causes stated
	SPITAL OR A I by the hos VERAL DIREC be detoched Stote Dept AMT: If Item	1	224 PHYSICIAN'S NAME (TYPE OR PE	MATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/29/87
	TO HOSPITAL retained by th TO FUNERAL should be deta with the State IMPORTANT:	1	A. OSEI	- WUSU 5710 WABASIT AVE. BALT. NO 21215
	BP	134	BURIAL, CREMATION, REMOVAL	236 DATE 23C NAME OF CEMETERY OR CREMANORY 23d LOCATION CHYOROUND BO. SATE 1230 DATE RECTO BY REGISTRARIZS REGISTRARS SIGNATURE
	DHMH - 16 60M 7/8- (VRA 15, 4)	1	but Counce	In Sec. 901 Thelain St. NOV 25 1987 Julia Junior Palar



		FOR	DEPARTA	AENT OF HEALTH AND MENTAL HY	GIENER 7	2 3 5 5
73918 DEC -3	7-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2000
		CEASED NAME FIRST	MIDDLE	CHOPMANED	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
nay be page 3	(,,,,,	ORPRINT) VANES	SA BEATRICE	SHOEMAKER	NOVEMBER 2	141
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8 6	V8 C	MAKULAND TY OR TOWN OF DEATH	U. J. T	WIDOWED DIVORCED DISTRIBUTION	BALTIMOR 120 USUAL OCCUPATION	E CITY MD.
	2	BALTIMORE	14F NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) PKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING L	
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		THER'S NAME		15. MOTHER'S MAIDEN NA		
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A STATE OF THE STA		AS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDRESS	
Will be seen a s	1	NO N.	A. Not Hu	allable VALLERIE AC	1LI BOX 1227	ANEYTOUN, M.D.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY OF PHYSICIAN: The second with calculation physician of the second with the service of the second of the sec		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one couse per line for (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN DECEASED NAME TYPE OF PRINTS OF ESTI-SHORT, JR. LANDER 11-24-87 4 RACE Ma e 5. DATE OF BIRTH 6. AGE (IN YEARS IE LINDER 24 HRS 2d HOUR 2c. DATE 18 43 PRONOUNCED 11-24-87 8:45a Black DEAD To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Maryland USA Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
622 N. Pulaski Street unemployed Baltimore Baltimore 13d. INSIDE CITY LIMITS? 622 N. Pulaski Maryland BALTIMORE, MD. 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME Lander Short Sr. Mazie Smith 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS YES, NO, OR UNKNOWN 1960-63 217-40-6410 Ronald G. Short 5506 Pembroke Ave. OF HEALTH AND MENTAL EXAMINER ALONG WITH USED AS A BURIAL - TRANSIT PERMIT. PAGO PERTITH AND MENTAL HYGIENE, DIVISIRIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION diabetes mellitus 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT O PRIOR TO BUR YES NO K BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) NG THE W D TO THE SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I tag and in my apinian death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) DATE 11-24-87 ACTUAL Assistant SIGNATURE 111 Penn Street EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation 11-25-87 Westview Crematorium Baltimore Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Chatman-Harris Fun. Home 1701 McCulloh St. **DHMH - 17** (VR A15 ME (5))

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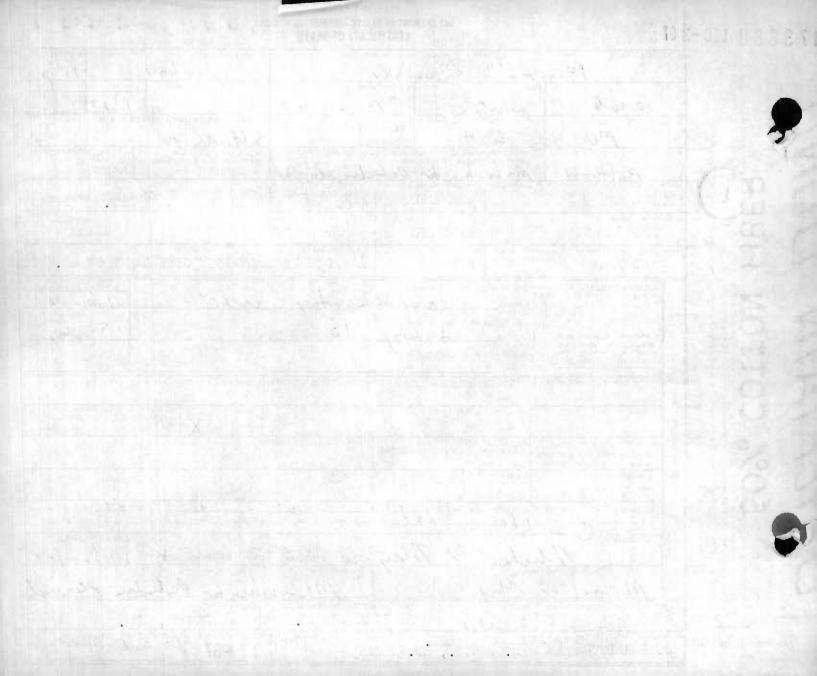
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20. DATE OF DEATH MONTH 7b HOUR TYPE OR PRINT 8120 MM VTOLA MA SHOWER 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR White 12.1898 Female Aug. 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE I STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland BALTIMORE CITY WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Sewing Seemstress 130 STATE 1135 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21102 3261 Manchester Oak St. Carrol YES K Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elizabeth Diehl ASI Frederick Mary Charles Steger 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 2759 Menchester Rd HE YES GIVE WAR OR DATES! (YES, NO OR UNKNOWN) Donald E. Shower Westminster, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY illure 20 to OUPD & CHF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION NEWMONIG 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD NO I 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from___ sow the deceased alive on_ and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE WD ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OR PRINTI 22e ADDRESS 201 E. University Parkway JOSEPH RADUAZZO 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Lutheran Burial Manchester Carrol 24 FUNERALDIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The law requires that the death certificate be execution. The has been signed by the attending physician and sist permit. Then please remove carbon pages. Pages righere prior to bund, cremation, or removal. Sigws any injury, or other traumatic event, the medical	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN PRIST STOCK	DUE TO, (b) DUE TO, (c) IT CONDITIONS 9	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF TOILUTE DEATH BUT	NOT RELATED TO THE TERM NOT RELATED TO THE TE	AIN AL DISEASE	OR CONDITION G PSY? 20b. IF Y	ES, WERE FINDI	o.
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	FOR STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N		2 5	1 4
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	Baltimore		OSPITAL, NURSING HOME (PACILITY, GIVE STREET ADDRESS) 4516 Manord		126 USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND OF INDUSTRY	
13b. S	AL RESIDENCE (IF NURSING MOME O STATE 136 COU Md.	NTY II	ve residence before admission) 36. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES # NO	13: SIREFI ADDRESS 4516 Manor	dene R	d. 21	229
FA	ATHER'S NAME Charlie	Poole	LAST	15. MOTHER'S MAIDEN NAM	Fields		LA5T	IJ
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	66 SOCIAL SECURITY NO. 215-22-8591	Mary Brooks	10 S. Mona		Ave. 2	1229
Н	IMMEDIA	TE CAUSE (a)	Con m		-			
IFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON	AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, N	WERE FINDIN	OF DEATH?
CAL CERTIFICATION	Canditions, if any, which gove rise to immediate couse 10), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON 19b CONDITION 19b CONDITION HOUR A.M.	AS A CONSEQUENCE OF AS A CONSEQUENCE OF ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURE	200 AUTOPSY?	20b. IF YES, N IN CERTIFYII YES	WERE FINDIN NG CAUSES (
MEDICAL CERTIFICATION	Canditians, if any, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON 19b CONDITION 19b CONDITION HOUR A.M. P.M. 21e PLACE OF	AS A CONSEQUENCE OF AS A CONSEQUENCE OF ITRIBUTING TO DEATH BUT ON FOR WHICH OPERATION INJURY MONTH DAY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCURE	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18 PART	WERE FINDIN NG CAUSES (NO [
	Canditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE TO CURRED WORK NOTIFY MEDICAL EXAMINE (TYPE: (Idid) (Idid in 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE: 12d.)	DUE TO, OR A (b) DUE TO, OR A (c) CONDITIONS CON 19b CONDITION 19b CONDITION ATH HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET) atiol) ottended the condition of the cond	AS A CONSEQUENCE OF AS A CONSEQUENCE OF ITRIBUTING TO DEATH 8U ON FOR WHICH OPERATION INJURY MONTH DAY YEAR 19 INJURY I, FACTORY, OFFICE, FARM, ETC.) deceosed from 19 10 10 10 10 10 10 10 10 10	TNOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURR 21l LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NOTE NED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, IN CERTIFYII YES RY IN ITEM IB PARI	WERE FINDIN NG CAUSES (STATI

DHMH - 16 60M 7/84 (VRA 15, 4)

with the State Dapt, or received or then 18 short only (MPORTANT If hem 2 I is morked or then 18 short only

-7.34

Crummev ADDRESS (Wife) (Same as 5 minutes TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE apinian death accurred an the date and haur and from the causes state ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 3b. DATE Burial 11/5/1987 Oak Lawn Cemetery Baltimore 24 FUNERAL DIRECTOR Aulia Diridon Rudal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕺

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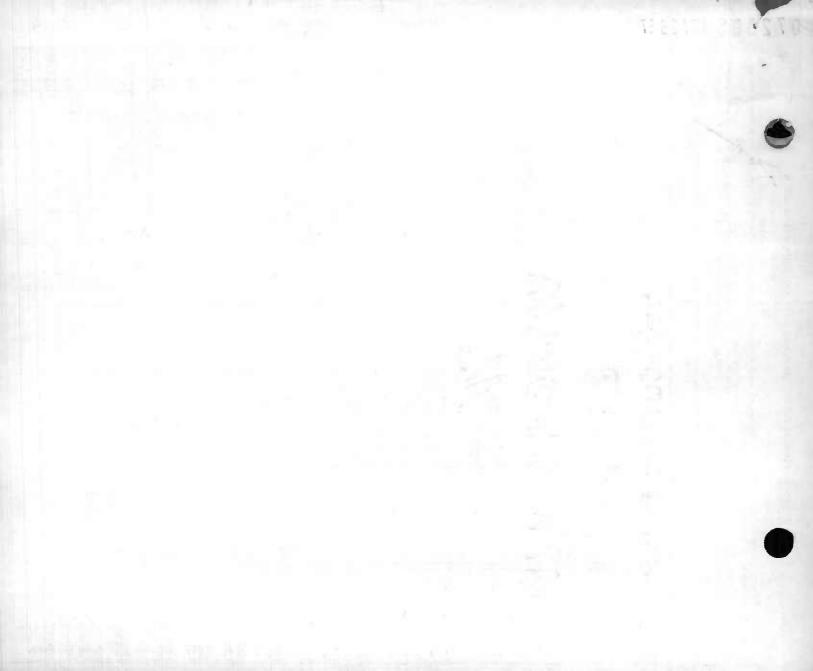
IF UNDER 24 HRS

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- STATE

Walter Brooks Bradley Inc. Dundalk, Md. 21222

		STATE OF MARYLAND	
95 NOV 25	7 OF TSTATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 10 10 10 1
_			REG. NO.
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
to de oth	CORIN	SING/RION	1/ 20 8/ 10 2
1/1	SEX	14. RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	-	MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
		B 02 20 1909	78 YRS
170	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
8/	COUNTRY	WIDOWED DIVORCED	BALTIMORE CITY ME
0 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 126, KIND OF BUSINESS OR
1//	0	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AL.	Ballimore	ST. AGNES HOSPITAL	Homemaker Home
S V	SUAL RESIDENCE (IF NURSING HOME BO. STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	In cross apposes
5	mD Iso.co	0	13e. STREET ADDRESS 24 28 BARCEAU 57.
-	FATHER'S NAME	DALTIMORE YES NO L	
	FIRST	MIDDLE LAST IS MOTHER'S MAIDENTYA	MIDDLE LAST
S.	Joe	Jetterson Hattle	Wright
event, the medical exem	WAS DECEASED EVER IN U.S.		ADDRESS 21207
0.	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 216-03-19/6 Thomas Jeff	erson 3303 Essex Rd
5		216 03 1176 Triemas Verg	72
£	18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6 A	PART I. DEATH WAS CAU	IATE CAUSE (0) Shock	
Ü	MMEDI		
to E		DUE TO, OR AS A CONSEQUENCE OF	
roumotic	Conditions, if ony, which gove rise to immediate	(b) 52p515	
5	couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE OF	
other	underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF TRACT IN	FLCIION.
ö	PART 2 OTHER SIGNIFICANI	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	UNAL DISEASE OF CONDITION GIVEN IN PART LO
injury		D St. 76 Tax 2 12 - 20 - 0	THE DISEASE OF CONDITION ON ENTINE THE PARTY HAVE NO
any injury,	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	a recostance access	
6	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
r Hem 18 shows		Real of Cody (Second Second Se	YES NO YES NO
č.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
- / //	OR CONTRIBUTING CAUSE OF		
E 7	(IF EITHER NOTIFY MEDICAL EXAMIN		
ō	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
morked	WHILE NOT WHILE AT WORK		
ē e		spital) attended the deceased from 10/25 19	1, to 1/120, 198 /, that (17 (we) los
.up	sow the deceased alive		death occurred on the date and hour and from the causes stated
2	obove, (I) (we) (did) (did	view the body after death.	
He i	226. SIGNATURE	DEGREE	22c. DATE SIGNED
=	Octor.	artending Physician [MEDICAL STAFF DIRECTOR PHYSICIAN 1/20/8
Z	22d PHYSICIAN'S NAME (THE	A THIOLEGAL E	alon Arl Il aquestion
2	180000 1	1 0 0 0 0	act of the start of the
MPORTAN	Omona	Demende Baltone	MORIEZY
≤ 2:	Burial, CREMATION, REMOVA	AL 23b. DATE 23b. DATE OF CEMETERY OR CREMATORY	23d LOCATION
	(SPECIFY)	11-25-87 Krd. Nat Mem.	CITY OR TOWN COUNTY A STATE
2	LEUNERAL DIRECTOR		E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
/81	C	((104 1.1
	James A. Mor	on Flows 1701 Laurens St. NU	24 1987 Julia Dividion Randoll



STATE OF MARYLAND

BUILDING THE STREET STREET STREET STREET

TURREST STEERS OF STREET PREMET LIBERTO MP - 221/ WIST REGERS AVE.

3721 DEC-	2187	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND	MENTAL HY	GIENE	7 REG. I	3	2	3	7. 7.
y be oge 3 death		EASED NAME	JOH!		Joseph		DGE	SKI	2e. DATE	OF DEATH	нтиом	28		3:30 PM
oge 4 mc rector, p	3. SEX	MALE	96		ASIAN	5. DATE C	F BIRTH	YEAR 16		NYEARS LAST 8	1 YRS	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po uneral dii hin 72 ha) CC	THPLACE (STATEORF	a.	USA	WHAT COUNTRY?	WIDOWE	D D	MARRIED	1		SMOR	EC	IT	-Y MD.
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in 24 hai y filled in should be er must b	130. ST	aryland	13b. COUN	TY	Bal time	ore	13d. INSIDE C	NO 🗌	1513	T ADDRESS	bert	st	., 2	1226 Co
ompletel ond 25		Stanley		NIDDLE	Sledges		Ka	s maiden na first zmier		MIDDLE	9500	Peti	aus	kas
on ond		AS DECEASED EVER S, NO OR UNKNOWN) Yes	IN U.S. ARM	MAR OR DATES!	166. SOCIAL SECU		Mary	Eliz	. Sle		ki Ki	Same		
g physici on pope removal. event, th		PART I. DEATH W		y one couse per BY: CAUSE (0)	Cere	brov	as cul	ar T	Thro	mbo	sis			MATE INTERVAL NSET AND DEATH
deoth ce ottendin ove corb ntion, or		Conditions, if ony,		DUE TO, O	RAS A CONSEQUE		noize						YER	+RS
that the d by the ease rem ol, cremo		gove rise to imm cause (a), stating underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	8	L 5	2					
requires		PART 2 OTHER SIGN				- 7		3.4		330	0.2			
he low on. hos be ene pri	TIFIC	9a. DATE OF OPERAT		19b. COND	ITION FOR WHICH	OPERATIO			YES [IN CER	YES 🗌	CAUSES	GS USED OF DEATH? NO
SICIAN: T ng physici certificate rriol-tronsil entol Hygi ferri 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT		OF INJURY M. MONTH DA M.	Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTER	nature of in:	JURY IN ITEM	18 PART I OR	PART 2)	
ING PHYSICITY Offending In offer this certions the buriol Ith and Menter hard Menter hard Menter or them	MEDICAL	WHILE NOT WHAT WORK	ILE 🗍	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATE STREE			CITY OR I	town	со	YIMU	STATE
END balo DR. V		220.1 certify that (1) (saw the decease obove, (1) (we) (d	d olive an_	11/2	-9 19	11 2 37 , ar		19 87	deoth occu	rred on the				hot (I) (we last
OR he he he he borner ocher		276. SIGNATURE	Tan	entin		.D.		ATTENDING PHYSICIAN [MEDICA DIRECTO	AL ST.	AFF ICIAN	22	LI Z	SIGNED 28 87
HOSPII bined b FUNER buld be th the St		PAUL	ME (TYPE OR		NTINO		120 ADDRES	2CY h	10595	TAL	20	15	T P/	HUL PL
BP		PECIFY) Buri		236 DATE	23c N			CREMATORY		CATION ITY OR TOWN		COUN	ity	STATE
DI		Duri	al	112/1/	1301 H	ту (ross	Cemet	ету 1	3alto	.,	A.A.	. Co	., Md.

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PART DESCRIPTION OF ARTHUR PROPERTY.

DEC01 1887 J. L. Krister Berlin

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77r. DATE SIGNED ATTENDING MEDICAL STAFF 27d PHYSICIAN'S NAME ITYPE OF PRINTI the 2 7220 Park Heights Ave., Balto., MD Harold Bob, MD 0 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 235 DATE (SPECIFY) CITY OF TOWN COUNTY STATE Moreland Memorial Buria1 MD Balto. County PEGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR H.W. Jenkins & Sons Co. DHMH - 16 60M 7/84 NAME (VRA 15, 4)

2b. HOUR

126 KIND OF BUSINESS OR

21218

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Own Home

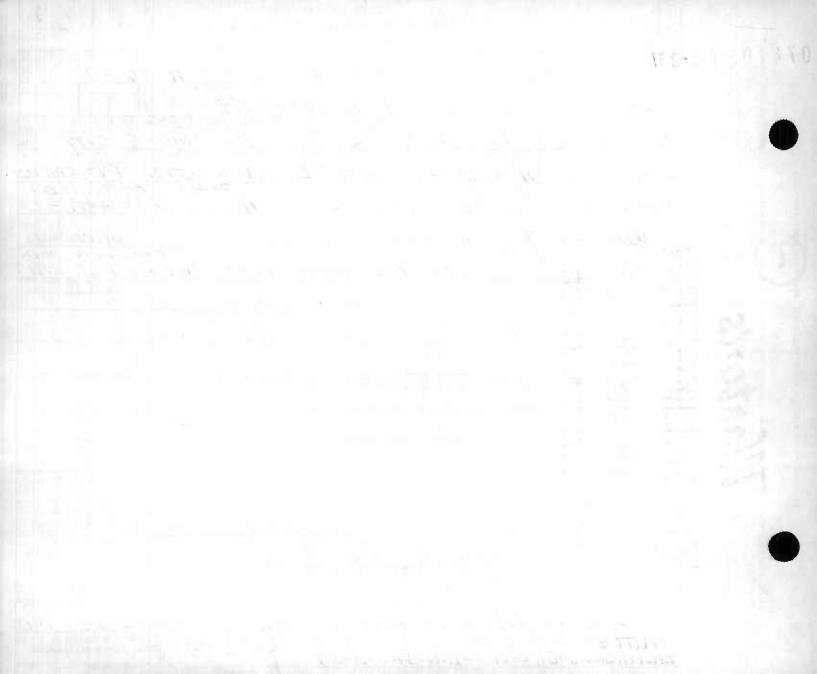
Jaeger

IF UNDER 24 HRS

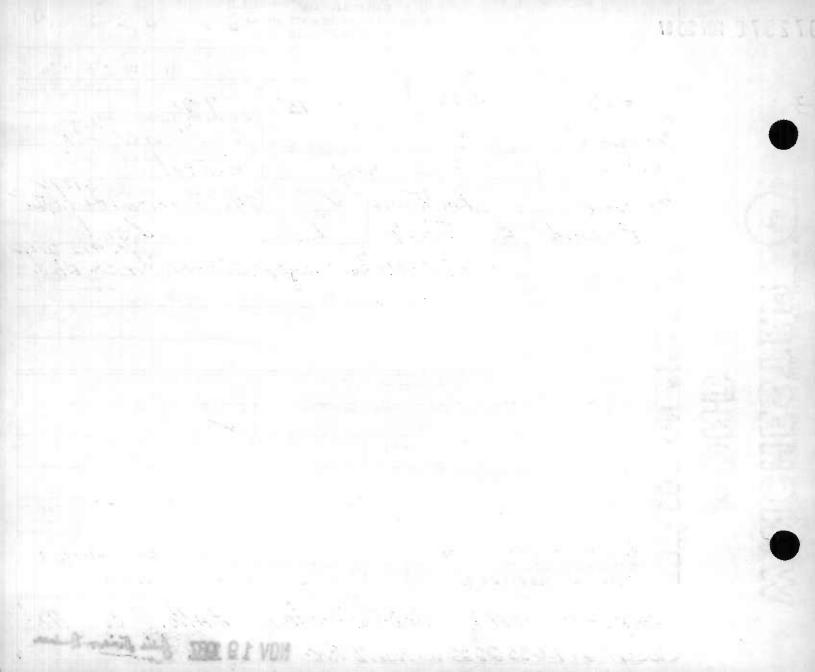
IF UNDER 1 YEAR

DAYS

,5	_			FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / 3	2 3 7 9
1 7 4 1	U.S DE	C -		ASED NAME FIRST AME		SMITH	2a. DATE OF DEATH MONTH	6 87 M
4 000	or offer	0	1.5E)	FEMALE	1. RACE BLACK	5. DATE OF BIRTH MONTH 16 DAY 1908	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	hine 72 ha	7	N	RTHPLACE STATE OR FOREIGN OUNTRY) EW YORK TY OR TOWN OF DEATH	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNT BALTIMOR 179 USUAL OCCUPATION	E CITY MO.
1201	400	0	B	ALTIMORE RESIDENCE (IF NURSING HOME OF	11 W. 20 TH	ST APT. 3L	TYPE OF WORK FOR MOST OF WORKING	PVT. FAMILY
LAND 2	ty filled should be	5	13a S	TATE 136 COU PARYLAND THER'S NAME	HATY 13c CITY OR TO		130 STREET ADDRESS / ZIP COL 11 W. 20 TH.	ST. APT. 3L
	130	0		WILLIAM AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	ELL JÜLIA	WIDDLE	UNKNOWN LTIMORE, MD.
100	Poge A	4		ES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	-9816 SAUNDRA		UPP ST. 2/2/7 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST. B	ing physical ribon page or removed			PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) My 0	cardial In far	et, m	BETWEEN ONSET AND DEATH
I W. PRESTOI	by the otherd one remove co of cremotion, or other troumof			Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON (b) A C C DUE TO, OR AS A CONSEON (c) (c)	lenated by	pertension	
RDS, 20	Then plants to buring		ATION	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TER	minal disease or condition g	VEN IN PART Tra
AL RECO	idn. c has be it permit plene pric		RIFICAL	190 DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
DIVISION OF VITAL RECORD	og physic certificon riol-trom partol tryg frem 18 sl	9	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH I	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART) OR PART 2)
DIVISION	offer this or the but th and M	1	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	A	CITY OR TOWN	COUNTY STATE
	CTOR a Storing of forms of the side		K	saw the deceased alive a abave, (I) (we) (did) (did n	spital) attended the deceased from an NOV by the 20 th 19 not) view the body after death.	and hat in (my) your) apinion	n death accurred an the date and ha	
	eAt DHE to detache that Dep	5	S	226. SIGNATURE	- Kronne	· · · · · · · · · · · · · · · · · · ·	MEDICAL STAFF DIRECTOR PHYSICIAN	12-1-87
9	to FunERAL should be det with the State	1		22d PHYSICIAN'S NAME (TYPE	Kroune	22° ADDRESS Suite 3F		place, Bastimore in
	вР		23a. E	BURIAL BURIAL	12/1/1987 A	RBUTUS MEM PA	PEN CITY OR TOWN BAL	TIMORE, MO.
DI	HMH - 16 60M 7/ (VRA 15, 4)	84	B		UNERAL HO , 2501 GWYNNS	MES, INC. 1508	TE REC'D. BY REGISTRAR 256 REG	a Dander Rudal



578 NOV 2	20 87	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 7 3	2 3 5 0
s con		CEASED NAME FIRST Edwarence	and B,	Smith	20 DATE OF DEATH MONTH	14 87 436
oge 4 mo metter ps pury other c	1.50	MALE	Black	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 7 2 YRS	IF UNDER LYEAR IF UNDER 24 HR
funeral d	49	HRTHPLACE MATE OF FOREST	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING	MARRIED NEVER MARRIED WIDOWED DOWNCED DOWNCED	9 BALTIMORE CITY OR COUNT BALTIMORE 120 USUAL OCCUPATION	e Cily A
The transfer	USI	JAL RESIDENCE (IF NURSING HOME OF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ALL JUNTY	HOSP IDMISSION)	TYPE OF STORK FOLLOST OF WORKING I	212.16
1	2	ATHER SNAME		YES NO 13. MOTHER'S MAIDEN NA/	240/GArris	Blud Apt. 1
ond called		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURI	ITY NO. IT INFORMANT	Smithally Co	10nd 1pt, 412 212
hat the death certify by the ottending ply ase remove carbon plants of, cremation, or remo other traumotic even	51.00	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (c) CARDIAC CARDIAC CARDIAC CARDIAC CONSEQUEN (c)	NCE OF		
there is a second of the secon	CATION	PART 2 OTHER SIGNIFICANT NUM 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DE		200 AUTOPSY? 20b. IF YE	VEN IN PART Ita ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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W 25 40 10 10 10	0	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19		
offending offending the this of is the burn is and Me	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE FAR	RM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING PHYSI toppial or affending ECTOR. After this of ad for vise on the busi of all health and Me tim 31 is marked or the	MEDI	WHILE NOT WHILE 270-1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did not be sawed)	(AT HOME STREET, FACTORY OFFICE, FAR	STREET , 19 T, and that in (my) (our) opinion of	to 114	, 19 <u>87</u> , that (I) (we) li
SPITAL OR ATTENDING PHYSIS by the hospital or attending NERT DIRECTOR, After this or be detached for use to the burner State Diep of Health and Meet TANT, if here 21 is marked or the	MEDI	WHILE NOTWHILE AT WORK 270-1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did of the control of t	ipital) attended the deceased from 19 8 and view the bady after death.	Tana that in (my) (our) opinion of the control of t	, 10 11 14 death occurred an the date and ha	19 87, that (I) (we) ke not and from the couses stated 22c DATE SIGNED U(14/8 7
A TATE OF THE PARTY OF THE PART		WHILE NOTWHILE AT WORK 270-1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did of the control of t	ipital) attended the deceased fram IN 14 In 19 I	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	, to 114 death occurred on the date and ha	, 19 87 that (I) (we) k



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR BEASED NAME 20 DATE KNOWN X MONTH OF ESTI-Frank Smith W. 7/ 1087 4 RACE AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White Male 2-23-1959 28 1987 76 CITIZEN OF WHAT COUNTRY? Q. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore City, DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore University Hospital STU Air Tech. SUAL RESIDENCE (IF IN NURSING 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland Baltimore 76 Alberge Lane 21220 NOX A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE George Smith Collurifici Antoinette 16b. SOCIAL SECURITY NO. 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 218-74-3706 Deena L. Smith 76 Alberge Lane 21220 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19s DATE OF OPERATION %. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR subject passenger of auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 1: 40XX 21e PLACE OF INJURY LATHOME 211 LOCATION AT WORK NOT WHILE Eastern B.vd. & Graces Quarters Rd., Balto.Co roadway 220 I certify that I took ains described above, held an Inspection death resulted to Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 11/8/87 Cihef SIGNATURE MEDICAL EXAMINER EXAMINER'S John E. Smialek, M.D. 111 Penn St., Balto., Md. 21201 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 11-10-87 Westview Memorial Park Baltimore Maryland Cremation 07/84 25M 4 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 7922 Wise Ave. Dundalk, MD 21222 (VR A15 ME (5))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR			DEPARIA		ICATE OF DEATH	REG. N	10.	40	
PECHERINT)	FIRST		SMITH		AST	20. DATE OF DEATH 11/8/87	MONTH	DAY YEAR	2b. HOUR
3. SEX	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE		BLACK		MONTH		81	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY		OF DEATH	-
RIDGEWAT,	s. da	R	USA	WIDOWE	D NEVER MARRIED DIVORCED	BALTO	. CIT	v	MD
10 CITY OR TOWN OF	DEATH I			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
BALTO.			CHATHA		•	(TYPE OF WORK FOR MOST	OF WORKING LIFE	(E) INDUSTRY	000
USUAL RESIDENCE (IF N 130. STATE MD	136 COUNT	HER INSTITUTION	BALTO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3817 CHA			21207
14. FATHER'S NAME ROBERT	SINGL	TON	LAST		15. MOTHER'S MAIDEN NA.			LAS	ST
(YES, NO OR UNKNOWN)	ER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECU 212 32	4904	CARRIE WIL	LIAMS 121		ATHER	INE ST
Conditions, if a gove rise to i couse (a), sto underlying car	IWAS CAUSED IMMEDIATE ny, which immediate string the use last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	ncen			6m	IMAJE INTERVAL ONSET AND DEATH
PART 2 OTHER SI					NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 110	a
NO DATE OF OPER	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
OD COLUMNIA TO T	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
(IF EITHER NOTIFY M 216 INJURY OCCU WHILE NOT AT WORK AT WORK	URRED WHILE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
220.1 certify that sow the dece abave, (1) (we	(I) (this hospitol ased alive on) (did) (did nat)	11	19 5	Fig.	nd that in (my) (aur) apinion of	to to death occurred on the d	ate and have		that (I) (we) last causes stated
22b. SIGNATURE	> (Ceroso				DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 10/80
22d. PHYSICIAN'S	1.0V	n ts			22e ADDRESS	ARILLO A			
23a. BURIAL, CREMATIO	N, REMOVAL	23b. DATE	1 4/87 AF	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

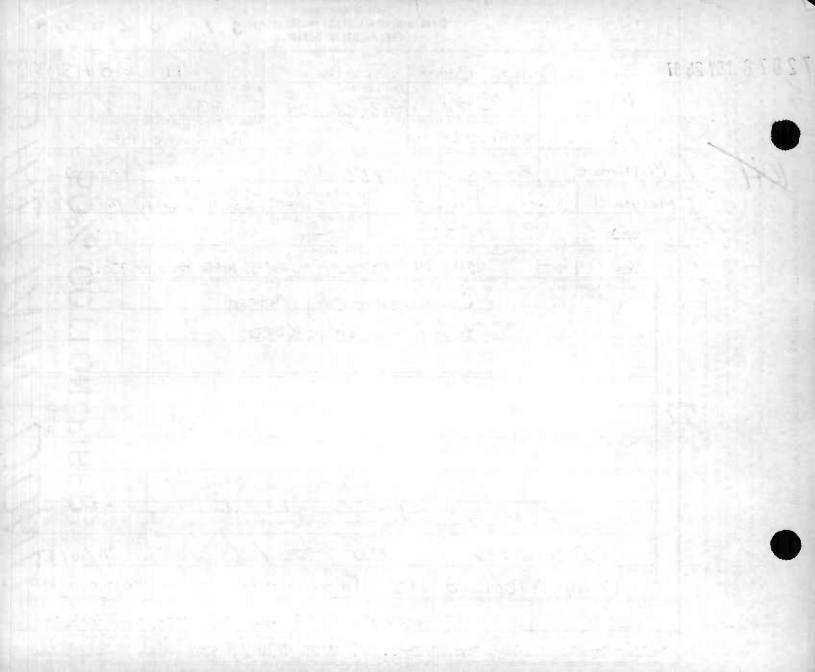
DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

DYETT 4600 LIBERTY HEIGHTS 0.

BALTO., MD.

	1.	FOR STATE			DEPA	RTMENT OF I	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3	7 3	2	3	8	4
		REGISTRAR				CERTII	ICATE OF DEATH		REG. NO.				
28 % 8 % 60 V 24	7YP	CEASED NAME FI	RST **	, .	MIDDLE		AST	2a. DATE	OF DEATH MONTH	DAY	YEAR	2b HOL	C PM
28 % 8 % EOV 24	21		Phi		(airey		mith		11	16	87	3::)) W
pe 4 mc	3 SE	M _{Male}	1	RACE	White	S. DATE O		6 AGE (63 YRS	MONI	DER I YEAR	HOURS	R 24 HRS MIN.
1 11 1/2		RTHPLACE (STATE OF SORE	GN 76.	CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9. BALTIA	AORE CITY OR COUN	ITY OF	DEATH		- 3-
	10	Ohio -	5 1	Unit	ed State	WIDOW			altimore	Ci	ty	30	MD.
·10403/	10 C	Baltimore	118		JCH FACILITY, GIVE ST	REET ADDRESS)	Hed Ctr.	(TYPE OF W	AL OCCUPATION VORK FOR MOST OF WORKING CTICIAN	GLIFE)	26. KIND ONDUSTRY Funer		ESS OR
	130	at residence (if nursing state ary (and	COUNTY			FORE ADMISSIONS	138. INSIDE CITY LIMITS?		T ADDRESS / ZIP CO		okwi	1/2	122
	ITE	ATHER'S NAME		7737 11	1467		15. MOTHER'S MAIDEN N	AME		-		11	
1 11 1170	1	Frank	MID	DIE.	Smit	h	Grace		WIDDIE		Caire		
RE GC SC		VAS DECEASED EVER IN U			166 SOCIAL SI	ECURITY NO.	17 INFORMANT		ADDRESS				
MORI ond Poges	1		WII	AR OR DATES)	1292-2	4-0383	Maxine A. Sm	nith (v	wife same a	as 1	3e.)		
ST., BALTI ertificate b g physiciar banpapers. removal.		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only of CAUSED B	BY:	10	ond (c), (0	rrest			BETWEEN	MATE INTE	RVAL DEATH
DS, 201 W. PRESTON quires that the death ce signed by the attendin hen please remove carb to burial, cremation, arr ijury, or ather traumotic	NC	Conditions, if ony, why gove rise to immedicate (a), stoting underlying couse I	ote the ost.	(c)_	SEVEN	OUENCE OF	NOT RELATED TO THE TER		ase or condition (GIVEN	N PART 1	0	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires th ottending physician. Ifter this certificate has been signed to so the burial-transit permit. Then plea th and Mental Hygiene prior to burial, arked ar tem 18 stoves any injury, or a	CERTIFICATION	190 DATE OF OPERATION	4	196 CONE	DITION FOR WH	ICH OPERATIC	N WAS PERFORMED	20a AL			ERE FINDING CAUSES		TH?
DN OF VITAL VYSICIAN: The ding physician is certificate I countal-transit Mental Hygies Mental Hygies Mental Hygies Mental Hygies	_	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (# EITHER NOTIFY MEDICALE	E OF DEATH	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER	,	-			
DING PHYSIC or offending After this ce te os the buric olth and Men marked of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN		COUNTY		STATE
TENDI TENDI TOR: A or use or use or use or use or use or use or use		22a.1 certify that (1) (thi sow the deceased a obove, (1) (we) (did)	live on	NOV	16	0-1	nd that in (my) (our) opinio	n deoth occu	urred on the date and	, 19_ hour on	87, d from the	that (1) (couses st	(we) lost toted
TAL OR ATTE y the hospit RAL DIRECTG detached for rate Dept. of		22b. SIGNATURE	ckar	aM	D	M	D ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STAFF OR PHYSICIAN		22c. DATE	SIGNED	?7
HOSPF bined b FUNE auld be th the Si		22d PHYSICIAN'S NAME	(TYPE OR PR	_	Kard 1	MD	Francis Scot	H Key	Med Ctr.	Ba	14mo	re, t	1P
5 € 5 € ¥ ₹		BURIAL, CREMATION, REA	JAVON	23b. DATE			EMETERY OR CREMATORY		CATION	110	LINTY		STATE
BP		Burial	113.7	11/18	/1987 I	Edgewoo	d Memorial Pa	irk G	len Mills,		nsylv	vania	a
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Valter Brooks	s Bra	dley,	Inc. Ba	ilto., 1		OV 23	1987 Aut		SSIGNAT	URE Rand	all,



BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Dividson Randale

FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HY	GIENE & REG. N	3	2 3	8 5
DECEASED NAME	IRST	MIDDLE	t.	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	lodney	L.	SI	мттн	November	8, 198	7	9.32P M
1. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER TYEAR	
Male	BLAC	K	10	29 25	62	YRS.	NONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR FORE		WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
OUNTRY) MD	USA		WIDOWE		BALTIMORE	CITY		MD
BALTIMORE	(IF NOT IN SE	HOSPITAL, NUF ICH FACILITY, GIVE ST Raven VA	REET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) DISABL	OF WORKING LIFE		OF BUSINESS OR
MD	HOME OR OTHER INSTITUTION	130. CITY OR T BALTIMO	OWN	134 INSIDE CITY LIMITS?			TREET	21230
EDWARD	MIDDLE	SMI.	TH	15 MOTHER'S MAIDEN NA	MIDDLE		HOL	st INSON
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?			17 INFORMANT	ADDR	ESS	0011	NJON
(AEZ NO OL MUKNOMU)	IF YES GIVE WAR OR DATES	217 18	3 6632	MARIA KELSON	1011 STERR	ETT ST	REFT	
	the DUE TO, (QUENCE OF	A Empl NOT RELATED TO THE TERM		IDITION GIVE	EN IN PART 1	a
NO.	PNEUM	ONIA	-					
190 DATE OF OPERATIO	N 196 CON	OITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	
	SE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	216 HOW INJURY OCCUR		1		
OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT HOME S	OF INJURY TREET FACTORY, OFF	ICE FARM, ETC }	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
22a.1 certify that (1) (th	is hospital) attended to alive an I'did nat) view the bod		9, aı	nd that in (my) (our) apinion DEGREE ATTENDING	death occurred on the o	ate and haur		
22d PHYSICIAN S NAM	EAN T	יועטי		22e ADDRESS LRVA	7			
230 BURIAL, CREMATION, RE-	MOVAL 236 DATE 11/14			EMETERY OF CREMATORY	OWINGS M	TILS.	COUNTY	STATE MD

1101 E. NORTH AVENUE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

WM. C. MARCH F/H, INC.

CHILD

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	REGISTRAR				CEKITIF	CALLOF	DEATH	REC	NO.				
B	EASED NAME	FIR51		MIDDLE		AST .		2a DATE OF DEAT	H MONTH	DAY	YEAR	26 HOL	JR
T (ITPE	OR PRINT)	11iam	1	1.	Smi	th, Jr			11	5	1987		,
3. SE	X		4 RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)		DER I YEAR	IF UNDER	
	male:		black		9 28 34		53	YR	MONTHS	5 DAYS	HOURS	MIN.	
	RTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8	NEVER	9. BALTIMORE CIT			EATH			
	Tenn.		11 5	Д	WIDOWE		WORCED T	Baltimore	e city	1			м
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUP	ATION	121	KIND O	F BUSIN	ESS O
	Balto.			ottingham				Dept. o		nnin		alto	Ci
	AL RESIDENCE (IF NUR	SING HOME OR		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY I IMAITS?	13e STREET ADDRE					
	Md.	33		Baltimor		YES X	NO 🗌	819 Nott				2122	9
14. FA	ATHER'S NAME		AIDDLE	TAST		15. MOTHER	S MAIDEN NA	ME	9		LAS		
	William	McK	inley	Smith, S	ir.	Sar		Lee		Boy		100	
	VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMA	ANT	AC	DRESS				
Y	es no or unknown)	(# 165 0)	. Tran On Date 5)	411-48-04	31	Lola	Smith	819 Not	tingha	am Rd			
	18 CAUSE OF DEA	TH (Enter onl	y one couse per	line for 101, (b), one	l ici.i						BETWEEN	MATE INTE	RVAL
	PART I. DEATH V)	HUPOX	em	19	٠,						
			DUE TO O	R AS A CONSEQUE	NCE OF	0		,					
	Conditions, if ony, which (b) Cardio Pulmon ary Arrest												
	gove rise to im couse (a), stati	mediote	3	D + 5 + 6 O + 15 F O + 15	NCE OF								
	underlying cous			R AS A CONSEQUE	NCEOF		/						
	PART 2 OTHER SIG	NIFICANTO	ONDIXIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN	PART 10	0	
NO O	Unc	metr	ploo.	& the or	in fly	2011							
AT	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	PERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		YES, WER			
F	CD							YES TO NOT		RTIFYING YES [CAUSES	OF DEA	
CERTIFICATION	21a. ACCIDENT WAS UN	DERLYING	216. TIME C			21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF			R PART 2]		
	OR CONTRIBUTING		in .	.m. month da .m.	Y YEAR								
MEDICAL	21d. INJURY OCCUP		21e PLACE	OF INJURY		211 LOCATI	ON				OUNTY		
W	WHILE NOT W	HILE	(AT HOME ST	REET FACTORY, OFFICE FA	ARM, ETC]	STREE	T	CITY	OR TOWN	(OUNIT		STATE
	220.1 certify that (ol) ottended th	ne deceased from	.10	16	19 8-	to /	1/2	19_	87	that (I) ((we).la
	sow the deceo	sed olive on,	111	2 198	7.00	d that in (my	(our) opinion	death occurred on th	e dote and	hour and	from the	couses st	toted
	22b. SIGNATURE	did) (did not	view the body	ofter deoth		DEGREE				2	22c. DATE	SIGNED	
	4	lea	nor)	thyo	n, 1	MI		DIRECTOR PH	STAFF YSICIAN [11/3	5/8	7
	224 PHYSICIAN'S N	lean	PRINT)	YHixon	3 MI)	226 ADDRE	4 W.	North	And	2. B	alt	MI	
	BURIAL, CREMATION	, REMOVAL	23b. DATE		AME OF C	EMETERY OR	CREMATORY	23d. LOCATION	N	COU	INTY		STATE
	Burial		11/9/8	37 G	arris	on For	est Cem		Mills	. Md			
	UNERAL DIRECTOR						25a. DAT	REC'D BY CREGIST	RAR 25b. REG	SISTRAR'S	SIGNAT	URE	
W	m. C. Marc	ch F/H	West	4300° Wab	ash A	venue	1 11	11-1					

DHMH - 16 60M 7 (VRA 15, 4)

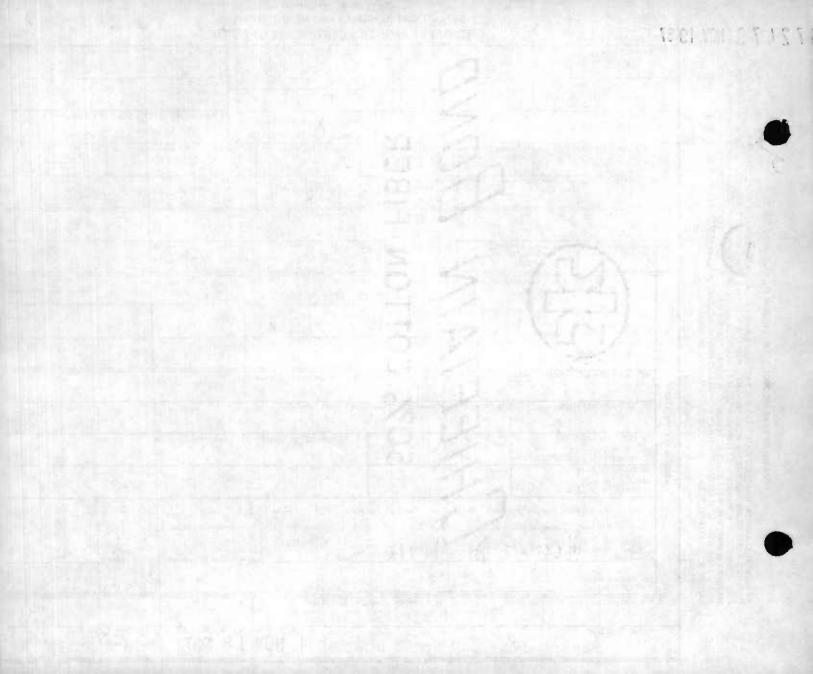
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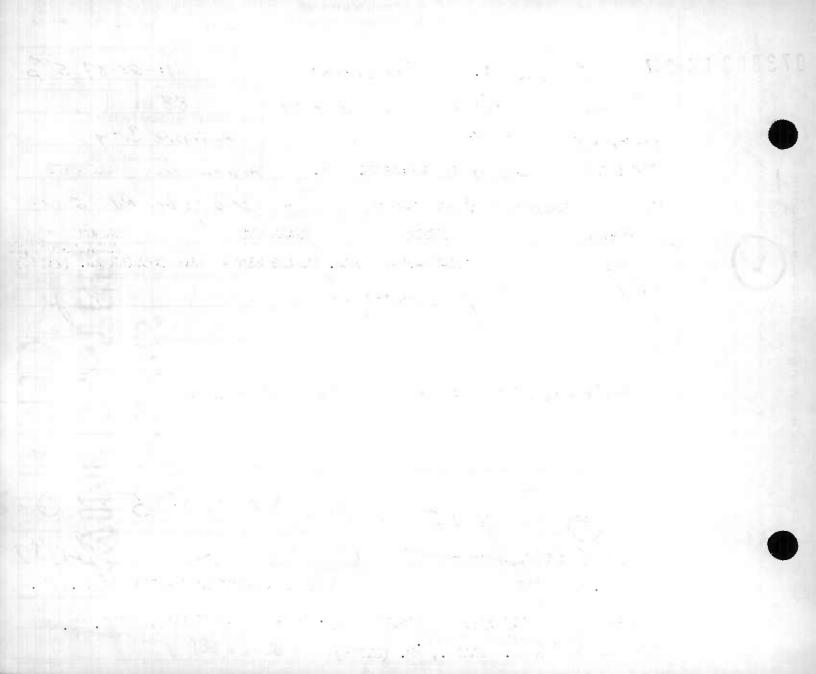
72	189	NOV 18	87	FOR STATE REGISTRAR			DEPARTA	AENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENG 7	3 2 3	8 7
	ed be			CEASED NAME OR PRINT) SMITH	FIRST RO	oger N, ROGE	R E .	l	^{^st} Smithermar		MONTH DAY YEAR 11/14/87	26 HOUR 5:15 PM
	age 4 may be rectar, page 3 urs after death		3. SE			Cauca	70	S. DATE C		6. AGE (IN YEARS LAST BIR	YRS. IF UNDER 1 YE	
0	death. Page uneral direct	-	Je: B	RTHPLACE (STATE OR FOR	REIGN		WHAT COUNTRY?	B. MARRIE WIDOWE	D Wever Married D	9. BALTIMORE CITY O BALTIMORE	E CITY	MD
590	by the fu	Spring Sp		TY OR TOWN OF DEATH		II. NAME OF	HOSPITAL, NURSING HEACHTY, GIVE STREET GNES HOSE	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KINE ST WORKING LIFE) INDUSTE ST	of Business or RY ate Gov.
ND 212	24 hour filled in ould be f	densi b		AL RESIDENCE IN NURSING	HOW	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE	admission)	134. INSIDE CITY LIMITS?	8406 Chu	arch Lane	21043
MARYLA	om et dy	/3	G	eorge		R.	Smither		15. MOTHER'S MAIDEN NA/ Ada	T.	Ba	arton
TIMORE	(3	加	16a V	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) YES	U.S. AR.	MED FORCES? E WAR OR DATES)	578-44-		Mary Alice	Smithern	man Same	
ST., BAL	ertificat g phys	event,		18 CAUSE OF DEATH PART I. DEATH WAS		ly one couse per D BY: E C AUSE (a)	(ARD 10	GEN	11C SHOCK		BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
W. PRESTON ST., BALTIMORE, MARYLAND 21201	he death one attending	matian, or r traumotic		Conditions, if ony, v gove rise to imme cause (a), stating	diate	(b)_	AD VAN	(=)	CORONARY	DISEASE		
, 201 W.	gned by the	burial, crer ry, ar other		underlying cause	lost.	(c)_	ISCHEM	10	CARDIO MS		DITION GIVEN IN PART	T Tro
DIVISION OF VITAL RECORDS, 201	on. hos been si	ene prior ta	CERTIFICATION	190. DATE OF OPERATK	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
OF VITA	rSICIAN: Thing physicic certificate certificate	them 18 sh		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEA	HOUR A	OF INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)
IVISION	offending offer this cer se the buria	alth and Me morked ar II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	D : 🔲	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		21F LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	OR ATTENDING or hospital or DIRECTOR: Aforther for use or the formula or the fore	af He		22a.1 certify that (1) (t saw the deceased above, (1) (we) (dia	alive on	NOV	4 74 19		5 TH 19 84			
		AT: If Item		226. SIGNATURE	~		>			MEDICAL STA	FF CIAN 🔯	ATE SIGNED
	TO HOSPITAL etoined by the TO FUNERAL should be det	with the State		BOON PE	ЭН	LIM			900 caton	Ave, B	PITAL Baltinou, 1	M) 21226
	BP			BURIAL, CREMATION, RE (SPECIFY) Burial	- 1	11-18	8-87 GG	od S	hepard Cem.	23d LOCATION CITY OF TOWN Ellicot		HO. MD
	DHMH - 16 50 (VRA 15,		Ma.	cNabb Fun	01] erai	Freder: L Home	ick Road , Catons	l 212 svill	228 250 DAT Le, MD N	e rec'd. by registrar OV 1 7 1987	256. REGISTRAR'S SIGN	n-Rondace

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH OF ESTI-Elizabeth Thelma Smolinski 1987 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Female White 1921 66 YRS Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED X WIDOWED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK Francis Scott Key Medical Center Crossing Guard Education Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NO X 113 Kinship Rd./21222 13d. INSIDE CITY LIMITS? Maryland AFATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth (unknown) Doering Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Balto., Md. 215/16/9410 Wanda E. Grannas/82 Kinship Rd./21222 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAFTIMORE, MARYLAND, 21201 g STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Hamicide ____ Undetermined manner TITLE (SPECIFY) M. Assistant 11/2/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 73r. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland 21224 11/4/1987 Oak Lawn Cemetery Burial 07/84 25M 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR **DHMH - 17** Walter Brooks Bradley, Inc. Balto., Md. 21222 (VR A15 ME (5))

STATE OF MARYLAND

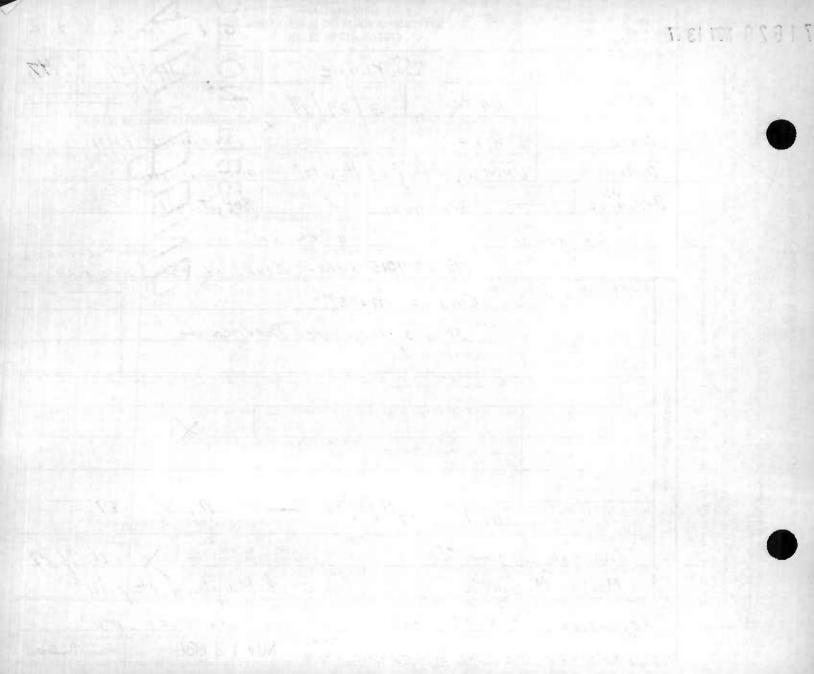
STATE OF MARYLAND 57 STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-William Snowden 11-12 19 87 Jr. DEATH MATED IF UNDER 1 YR. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED 11-12 19 87 12 MALE BLACK 08 78 YRS DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED USA Baltimore City. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1607 Darley Avenue RETIRED CHAUFFEUR Baltimore JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MD BALTIMORE DARLEY AVENUE 21213 1607 14. FATHER'S NAME WILLIAM BALTIMORE. SNOWDEN SR. SARAH **JOHN SON** 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** (YES, NO. C 216-01-0837 HELEN SNOWDEN 1607 DARLEY AVENUE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: Chronic Obstructive Pulmonary Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 4I CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE USED E DEPARTMENT OF HE 20 AUTOPSY? YES -NOXX 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE DR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inquiry XX 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) 11-13-87 Assistant. SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 11/19/87 EASTVIEW CEMETERY DUNDALK. MD 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE DHMH - 17 MARCH F/H, INC. ADDRESS O1 E. NORTH AVENUE (VR A15 ME (5))





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR 20. DATE KNOWN X MONTH 7b HOUR (TYPE OR PRINT) ESTI-DEATH MATED Leonard Somers 11-3 1987 4 RACE 6. AGE (IN YEARS] 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR 10:03 LAST BIRTHDAY PRONOUNCED 3/19/ White 1087 Male DEAD 11 - 3YRS p. M 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY Baltimore City, Maryland U.S.A. WIDOWED [DIVORCED B CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINE Baltimore Baltimore Baltimore Johns Hopkins Hospital UAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13. STREET ADDRESS 1538 Light Street 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Md. YES X NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Mildred 8 Stewart Bural Somers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. Balto. Md. 21230 212 36 6770 Robert R. Somers 1421 S. Hanover St. NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 TIE PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST Autopsy XX 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion Natural causes XX death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) Deputy Chief
MEDICAL EXAMINER ACTUAL DATE SIGNATURE EXAMINER'S NAM VAnn M. Dixon, 111 Penn St., Balto., Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland Baltimore. Burial 11/6/87 Eastview Cemetery 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE **DHMH - 17** NOV George J. Gonce 4001 Ritchie Hgwy Balto. Md. (VR A15 ME (5))

	1	FOR		DEF		OF MARYLAND	CIPALE OF THE	, , , , , , , , , , , , , , , , , , ,	A *2	0 0
29 NOV 13	171	STATE REGISTRAR		UEI		EALTH AND MENTAL HY	REG. N	1 0.	60	7 4
noy be poge 3		CEASED NAME E OR PRINT)	flvin	MIDDLE	Sour	wine	2a. DATE OF DEATH	MONTH 9	87 YEAR 2	6:47 pm
ge 4 mo) ector. po	3 SE	Male	4 RACE	hite	S. DATE (6. AGE (IN YEARS LAST BI	YRS.		HOURS MIN.
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impletely ond 2 sh		ATHER'S NAME EIRST	MIDDLE	LAS		15. MOTHER'S MAIDEN NA BIRST WN KNOW	MIDDLE		LAST	
be execut ion and co		NAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES (1E YES, GIVE WAR OR DATES		3-4015	17. INFORMANT	ADDR	50-3	MANOR	5. VA 234 RD
g physic on pope removal.		18. CAUSE OF DEATH PART 1. DE ATH WAS	tEnter only one couse p S C AUSED BY: AMEDIATE C AUSE (0)	Cardi	ac Ar	rest			APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
hot the deoth cr by the ottendin ose remove corb I, cremotion, or other troumotic		Conditions, if ony, v gave rise to imme couse (a), stating underlying couse	which (b)	OR AS A CON	(15/6	nplicated Pr	leumoNia-			
equires the signed I Then pleo to buriol injury, or	N O	PART 2. OTHER SIGNIF	FICANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR COM	VDITION GIVE	N IN PART 1(0	
on. he low reformer the permit in permit in permit in permit.	CERTIFICATION	190 DATE OF OPERATIO	ON 196 COM	idition for w	HICH OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDING YING CAUSES O	GS USED OF DEATH? NO
rySiClan: T ding physici is certificate buriol-tronsi Mentol Hygi or Item 18 sp		21a ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIEY MEDICAL	USE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
G PHY offending er this ond M ond M ked or	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	LAT HOME	CE OF INJURY STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
OR ATTENDIN e hospital or of DIRECTOR: Aft oched for use as Dept: of Health f Hem 21 is mor				17/	1987 , 01	ad that in (my) (our) opinion	deoth occurred on the c	dote and hour		not (1) (we) lost ouses stoted
A the detail		22b. SIGNATURE Maria	My Some	WAID	>		MEDICAL STA	AFF ICIAN	11 G	IGNED 197
TO HOSPITAL retained by the TO FUNERAL should be detined with the Stote IMPORTANT:		Maria	M. Gar	cia		UNIV. of	Maryland	of Hos	pital	
BP	(BURIAL, CREMATION, RE	1	187		MOUNT CEM	23d. LOCATION CITY OR TOWN BALTIM		COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME LLY + ZEIL	ER INA		ORESS OSTE DALF	00/23/ N	TE REC'D. BY REGISTRAIN TO 12 1987	7	Deviden.	



0	7	2	1	3	5	NO
I	7	-	y be	6	death	

8 TATE REGISTRAR

1. DECEASED NAME

Male

Maryland

BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

Charles

BALTIMORE

(TYPE OR PRINT)

3. SEX

130. STATE

IFICATION

CERTI

MEDICAL

Maryland

14 FATHER'S NAME

FIRS1

CHARLES

13h COLINTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditions, if ony, which gove rise to immediate couse (a), stating the

underlying cause last

71m ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

226. SIGNATURE

WHILE NOT WHILE

4 RACE

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION

MIDDLE

IF YES GIVE WAR OR DATEST

18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c

Korean

IMMEDIATE CAUSE (a)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

SPANGLER

5. DATE OF BIRTH

ERI	0	1	
		REG.	٧٥.
2 n	DATE OF	DEATH	MONTH

Vovember

6 AGE (IN YEARS LAST BIRTHDAY)

55

2	3	9	3

1987

21211

APPROXIMATE INTERVAL

IF UNDER ! YEAR

7h HOUR

	Q.	-		
	ne funeral directar	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed within 72 hours after	- (4
	letely filled in by th	da shabld be filed	210	The state of the s
,	icion and comp	ers. Poges 1, on	1	1000
	the attending phys	remove carban pap	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.	The state of the s
	been signed by	mit. Then please	priar to burial, cr	and the same of
retained by the haspital ai attending physician.	this certificate has	e burial-transit per	d Mental Hygiene	1 . Mar 10 . L.
haspital or afte	RECTOR, After	ed far use as th	pt. af Health an	
etained by the	TO FUNERAL DI	shauld be detack	with the State De	THE POOL
ba-				-

230 BURIAL, CREMATION, REMOVAL Burial 11/16/87

BETSY A. FAY, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

DEGREE

Hampden

Maryland PART 250 REGISTRAP'S SIGNATURE

24 FUNERAL DIRECTOR

220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased glive on 11 12 87 above, (1) (wg) (did) (did not) view the body after death

Alan Seitz, Jr. 3818 Roland Ave. 2121

BP. DHMH - 16 60M 7/B4 (VRA 15. 4)

18 32 02 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION UNION SUMEMORTATE HOSPITAL

13d. INSIDE CITY LIMITS?

17 INFORMANT

NO [

Lillian

12b. KIND OF BUSINESS OR INDUSTRY Elevator Operator

13e STREET ADDRESS / ZIP CODE 4401 Falls Road 21211 15 MOTHER'S MAIDEN NAME

> MIDDLE Wagner ADDRESS

> > ecustitus

YES [

206 IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

Mary Spangler 4401 Falls Road

ascular Vascular disease

Atheroscleratio

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1

PUD DYCL

DUE TO, OR AS A CONSEQUENCE OF

Baltimore

166 SOCIAL SECURITY NO

215-28-4502

Spangler

E.

White

76 CITIZEN OF WHAT COUNTRY

USA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Cholecystectiony 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

P.M

21e. PLACE OF INJURY

acute (holerustitis 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2)

HOUR A.M. MONTH DAY YEAR

10 28

211 LOCATION

MEDICAL

200 AUTOPSY

NO

and that in (my (our) opinion death occurred on the date and have and from the causes stated

DIRECTOR PHYSICIAN

CITY OR TOWN

220 DATE SIGNED

22e ADDRESS

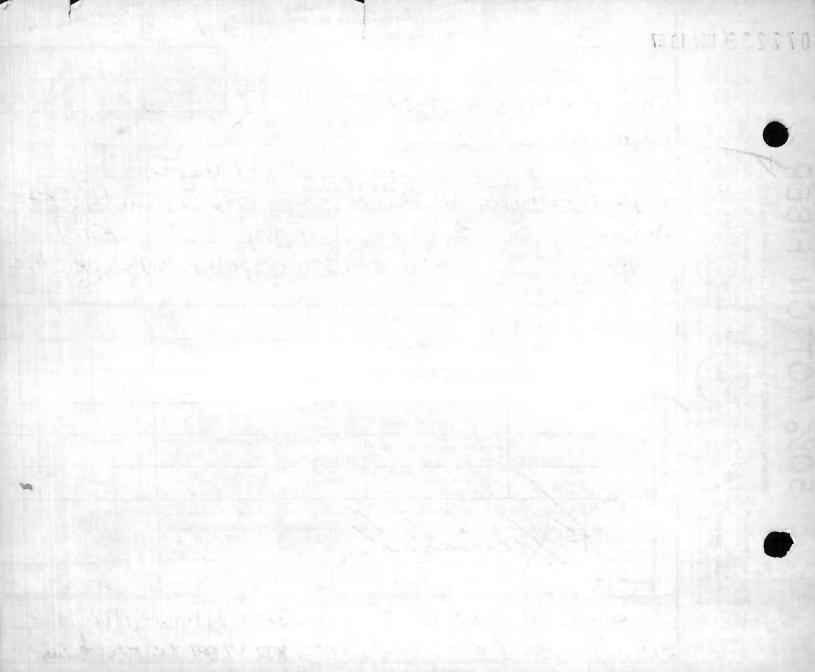
UNION MEMORIAL HOSPITAL

ATTENDING

PHYSICIAN

23d LOCATION

			-				MARYLAND						
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			3. SE	X 4 RACE	5. DATE OF BIRTH			R 24 HRS. 2c. DATE	- ,	MONTH T. T. T.	DAY YEAR	24 HOUR	
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715	RE,	GES AND OF V) -	erome	0. Sp	redden	Mar	Y		6	arl		
#	INO	C C C C		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166.	SOCIAL SECURITY NO.	17. INFORMANT	2 11	ADDRESS	1	1	0	
	BALTIMORE, MD. 21201	JRS AFTE B. GIVE WITH FO T. PAGE DIVISIO		YES	31	19-60-0741	Derome S	Spedden	909	JOC	nea 1	tre	
		503 10		18 CAUSE OF DEATH (Enter on	nly ane cause per line far (o)	, (b), and (c).)		1		1	APPROXIMATE BETWEEN ONSET		
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- 4		SEGEN		KG V	/	0.0	TITLE (SPECIFY)						
		##0255		ACTUAL SIGNATURE	nua	try or	AD Chief	MEDICAL EXAM	INIED	DATE SIGNED_	11/7	1/87	
		DER BER	7				n.U	MEDICAL EXAM	INEK	SIGNED_			
		MEDICAL EXAM ECUTE THE CERTI CE 4 SHOULD B FUNNERAL DIRE TITR DEATH WITH	1	EXAMINERS NAME JOI	m E. Smialek	. M.D.	ADDRESS 111 I	Penn St., 1	Balto.,	Md.	21201		
		PAT PAGE	73a F	BURIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY (123d. LOCATION					
	07.45	3. (TATE (S. 2.2))	(SPECIFY) BURIAL	11-13-87	MT 7 IUN)	(FMETER	UBATTORTOWN	MINY	MIN	nilda	ATE	
	07/84 25M	BP	24. F	UNERAL DIRECTOR	. , , , , ,	77711 10	250. DATE	REC'D. BY REGISTRAL	R 256 REGISTE	RAR'S SIG	NATURE	<u></u>	
		DHMH - 17 (VR A15 ME (5))	12	rown/Thomas	ADDRESS	PABNY	433 NO	V 1 7 1987	1. 8	o d	D. 1.40		
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) poge 3 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER LYEAR 3. SEX MONTH HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OR FOREIGN 7b CITIZE! NEVER MARRIED COUNTRY MARRIED L WIDOWED DIVORCED [126 KIND OF BUSINESS OR INDUSTRY 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER 13b COUNTY 14 FATHER'S NAME MIDDLE MIDDLE SPRUTLL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one couse per line for to ibi, and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to QR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate other cause (a), stating the 10 YEARS underlying cause TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDIGION GIVEN IN PART To DIVISION OF VITAL RECORDS. CERTIFICATION 28h IF YES, WERE FINDINGS USED 100 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO IT 21s TIME OF INJURY THE HOW INJURY OCCURRED INSTERNATURE OF HOURY PLITEM IS PART I DEPART TO 00 HOUR A.M. WONTH DAY YEAR AUDIE OF DEADH MEDICAL THE MEDICAL FRASE III. LOCATION TIE PLACE OF INJURY ò CHRRED CITY OF TOWN COUNTY 1/168301 IAT HOME, STREET, PACTURE SHOP THEM, ETC.) BIATE morked and attended the desaw the deceased alive an_ , and that in (my) (aur) opinion deoth accurred on the date and hour and from the couses stated abave, (1) (we) (did) view the bady after death If Hem DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ould b 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE di BP REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Julia Davidson Rondala (VR A 15 (4))

7 1 5 1 2 NOV	121	FOR TSTATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 7	3 2 3 9 7
y be 3 eoth .		ECEASED NAME FIRST JOHI	N HENRY	STACHOWSKI	20. DATE OF DEATH	1 08 87 5:00 A
oge 4 may	3. SI	MALE	4 RACE CAUC	5. DATE OF BIRTH MONTH DAY SEAR SEAR	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
deo image de la contra del contra de la contra del l	1/1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH
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AND 21	m,	ARYLAND 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	(DEE YES NO	13. STREET ADDRESS	FIGHLAND AVE
AARY omplered option		JOHN	STACHO	with EVELYN	MIDDLE	LAST
TIMORE	160	WAS DECEASED EVER IN U.S. A (YES, HIQ OR UNKNOWN) (IF YES,	SPEWARORDATES) DREA 217-24:	17 INFORMANT MARK S	TACHOWSKI	809 Litch field K
ST., BAL untificate ampaper emovali event, fi		PART I. DEATH WAS CAUS	only ane couse per line for (a), (b), ar SED BY: ATE CAUSE (a)	CARDIOPULMINARY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death cern he offerding is move carbon motion, or ren ir froumatic ev		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	INTRAPERINEAL	CARCINOMAT	rosis
of W. PR that the sase rem ol, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF MALIGNANT AS	CITES	
requires signer to burn injury.	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
AL RECC he fow ion. ion. it permit rene prio	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
I OF VIT, ICIAN: 1 g physic entificate iol-trans ental Hyg	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E [IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJUR	FINITEM 18 PART I OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirently physician. offer this certificate has been signs on the buriol-transit permit. They then and Mental Hygene prior to be orked or term 18 show ony injury.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	PARM ETC) 211 LOCATION STREET	CITY OR TOV	YN COUNTY STATE
ATTENDIR spitol or CTOR: A I for use of Healt		sow the deceased alive	pital) attended the deceased from_ on19	, 19, and that in (my) (our) apinion	, to deoth occurred on the do	, 19, that (In (we) lost te and hour and from the couses stated
ALOR A the ho (ALDIRE) detached of EDept AI. If them		22b. SIGNATURE	Helou, M	PHYSICIAN [MEDICAL STAF	IAN
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the Store		A. J. HEL		22. ADDRESS CHURGE 100N. BROAD		L IMORE,M.D.21231
BP	230	URIAL	AL 236 DATE 236.	NAME OF CEMETERY OR CREMATORY	1. PALTI W	RE COUNTY MILATE
DHMH - 16 60M 7/84 (VRA 15, 4)	K	CTOPOUSHI L	INTERI HORES	2505 54 NO		256 REGISTRAR'S SIGNATURE

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	1				TE OF MARYLAND		00 db 00 db 73
I I O MOV DE	1	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HY FICATE OF DEATH	0 /	3 2 3 9 8
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o m = 3		E OR PRINT)	TO WILL THE STATE OF			20. DATE OF DEATH	
poge 3	2 61	Will Will		Staint		1.405	11 22 87 720
ctor. p	3. SE		4 RACE	5. DATE	OF BIRTH TH _DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
0 6		MALE	BLACK		27 07 O7	80	YRS.
P. P.	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
To a la l	-		USA	WIDOW	ED DIVORCED		CITY
the fi	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	120. USUAL OCCUPATION	
à 72 T	Ba	altimore City	Union Memo		pital	RETIRED	. BARBER
u i i i i i i i i i i i i i i i i i i i	USU 130	AL RESIDENCE (IF NURSING HOME COLORS		OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IB CODE
filled		MD	BALTI		YES NO	1501 PENTRIDGE	
2 sh	14. F	ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME	
ond ond		WILLIAM	ALF	DED	AL ICE	MIDDLE	LAST
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pers. I	H				INAMUI STATIOACI	1301 PENIRIDGE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	SED BY:), (b), and (c)) .		
000		IMMEDIA	ATE CAUSE (a)	Horst e	VUISCUS		8d
2 P 2 3			DUE TO, OR AS A CO	NSEQUENCE OF			
Tera N		Conditions, if ony, which	(
0.33 5		gave rise to immediate	(D)				
4 15 4		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF			
D 0 0			(1c)				
part of	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART TIG
1480	CERTIFICATION	Tancyto	Penia/Prelei	ekemic s	androme, Chr	onic Rena / Fa	· lure, HYPERTENSIO
2146	13	190 DATE OF OPERATION			WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
25 242 10	E					YES TO NOTE	N CERTIFYING CAUSES OF DEATH?
S T T T T T T T T T T T T T T T T T T T	1 %	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	
まる 美美 まん		OR CONTRIBUTING CAUSE OF D		TH DAY YEAR			
E 6 5 6 8	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19			
10 4 4 5 9	9	21d. INJURY OCCURRED	(AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1 1 1 1 1	~	AT WORK AT WORK					
0 4 x 5 E		220.1 certify that (1) this has	pital) attended the decease	d from	1-19	- to _//-2/3	12 t that (1) (we) lo
TE SOFT		saw the deceased alive a			and that in (my) (aur) apinian	death accurred on the date	and hour and fram the causes stated
A COUNTY OF THE		abave, (1) (we) (did) (did r	nat) view the body after deat	h///			
M her		226. SIGNATURE	11 11 7	/	DEGREE	445D1C44 67457	22c. DATE SIGNED
# FEEF		N Calle	of VIA	lan.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/22/8
P 5 1 2	1	224 PHYSICIAN'S NAME (THE	OFHINI) L		22e ADDRESS		7 / 6
D FUNERAL sould be deto the the State							
0 = 0 = 1	-	David L. K				rial Hospital	
	73a.	BURIAL, CREMATION, REMOVA		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		BURIAL	11/28/87	PLAIN L	AWN CEMETERY	HICKSVILLE	A BUX
HMH - 16 60M 7/B4		UNERAL DIRECTOR				TE REC'D. BY REC SPAR AND	REGIS RATE SPAN CORE
(VRA 15, 4)	W	1. C. MARCH F/H, IN	C. 1101 F. NOR	TH AVENUE	NO	V 24 1501 8	Anna do a
4		1,19 21	- TTOT - 1101/	III TAFIACE	146	V	

death O		ORPRINT) BERN	MIDDLE	STALLINGS	20. DATE OF DEATH MONTH DA	9 87 26 HOUR
s offer o	3. SE	MAKE	4 RACE Crucosin	5. DATE OF BIRTH MONTH DAY O8 27 1911	6. AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER I YEAR IF UNDER 24 H
1 35	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED S WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	OF DEATH
90		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ne nu	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	176. KIND OF BUSINESS INDUSTRY
filled in nould be		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		13. STREET ADDRESS / ZIP CODE	1St, 212
mpletely ond 2 st	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA.	ME MIDDLE	LAST
ecute control of the		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	THE
signed by the ottendary signed by the ottendary. Then please remove coches to buriol, cremotion, or re nijury, or other troumotic e-	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I		NINAL DISEASE OR CONDITION GIVEN	V IN PART I I O
he low re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: T ng physici certificate uriol-transi kental Hygi Item 18 sh		2)0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB PAR	T I OR PART 2}
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Hy Sid o		220. I certify that (1) (this saw the deceased	attended the deceased from 196 the body after death.	, ond that in (my) (or) apinion	death accurred an the date and hour c	, that (I) (we
TTENDING PHY pital or offendi TOR. After this for use as the bi of Health and A 21 is marked or		abave, (1) (manufact (did no		DEGREE		22c. DATE STONED
OR ATTENDING PHY the hospital or otheral DIRECTOR. After this oched for use os the bi Dept. of Health and M If them 21 is marked or		abave, (I) (22b. SIGNATURE	X	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/17/8
OR ATTENDING PHY the hospital or otheral DIRECTOR. After this oched for use os the bi Dept. of Health and M If them 21 is marked or	-	abave, (1) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (17PE C	TIESM NO	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF PRECTOR PHYSICIAN	(1/15)8

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	de	2	6	1 11	10 CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NI	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	12b KIND O	F BUSINESS OR
- 4	15	t t	Z	14	P	altimore C	if the		H FACILITY, GIVE			UNEMPLOY	WORKING LIFE)	INDUSTRY N	Λ
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AND 2	24 ho	filled i	Amulet b	35	13a. S	MD	13b COUN		BALT	MÖRE	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 2	Oth STF	REET 2	1218
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Ä,	cute	19	E 8	71	16a V	VAS DECEASED EVER			16b SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
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3AL	o te	sic	- + ·			18 CAUSE OF DEAT	H Enter or	nly one cause per	line for 101, (b	o, and ic.				BETWEEN C	MATE INTERVAL DNSET AND DEATH
- 2	tific	that of	wen ven			PART I. DEATH W		TE CAUSE (0)	Respir	atory	Arrest			17.24	
Z	e e	ging	or re						J	EQUENCE OF	H-AND ALL		N-0-36		
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.30	Uire	Sign	to bu	- 1	z	A 1 .		•		A STO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	JII ION GIVEN	IN PART TIC	
ORI	rec	ee -	y in	-1	CERTIFICATION	19a DATE OF OPERAT	Max	Hulm		MSCITE	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	VEDE EINIDA	CC LIGER
REC	Ow	o s p	e pr	4	FICA	MAIL OF OPERA	ION	148 COND	IIION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPST	IN CERTIFYIN	G CAUSES	OF DEATH?
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5	Ž.	physi tificot	Hyg 18 sh	0		210. ACCIDENT WAS UND	_	21b. TIME C		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)	
Ö	DI C	g p	Mental r Hem	1	CAL	(IF EITHER NOTIFY MEDIC			M.	19					
DIVISION OF VITAL RECORDS	HYS.	his o	o A	1	MEDICAL	21d INJURY OCCURE	ED	21s PLACE	OF INJURY	THE FARM FRE	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
N N	NG	offer t	and		2	WHILE NOT WH	ILE	TAT HOME, ST	REEL PACTORY, OF	FRCE, FARM EIC	3,110				
0	0	Afr	alth			22a I certify that (I)		ital) attended th	e deceased fr	om 10-2	3 19 8	10-11-3	19.	87	hot (I) (we) lost
	EN.	O S	H He			sow the decease	d alive on	11-3		CP PR	nd that in (my) (our) apinio	n death accurred on the de	ate and hour or	nd from the	ouses stated
	A	haspitol IRECTOR	pt c			obove, (1) (we) (c 22b. SIGNATURE	lid) (did no	ot) view the body	ofter deoth.		DEGREE			22c. DATE	SIGNED
	O	the t	If he			Vall	/1	In W.S	m. Il		M ITTENDING	_ MEDICAL _ STAF	FV	11	3-87
	ITAI		NT NT	-		POLIVE CHANGE AND	X	your ()/101			DIRECTOR PHYSIC	IAN	111-	2-0
	SP	P. N.	he S RTA	1		22d. PHYSICIAN'S NA	To me	U,			22e. ADDRESS				
	O HO	TO FUN	of the Sto	1		La	They	YORK-	SMITH	H MD	The Union	Memorial Hos	nital		
	7	e T	× × ×			URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	EMETERY OR CREMATORY	23d LOCATION			
	E	BP			(SPECIFY) BURIA	L	11/	7/87	EASTVI	EW CEMETERY	DUNDALK,	C	OUNTY	MD
		NP.			24. FL	INERAL DIRECTOR					25a. Di	NIAREC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATI	JRE

1101 E. NORTH AVENE

DHMH - 16 60M 7/84

(VRA 15, 4)

WM. C. MARCH F/H, INC.

STATE OF MARYLAND

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P. J. San, Diesel, and Mrs. 1987

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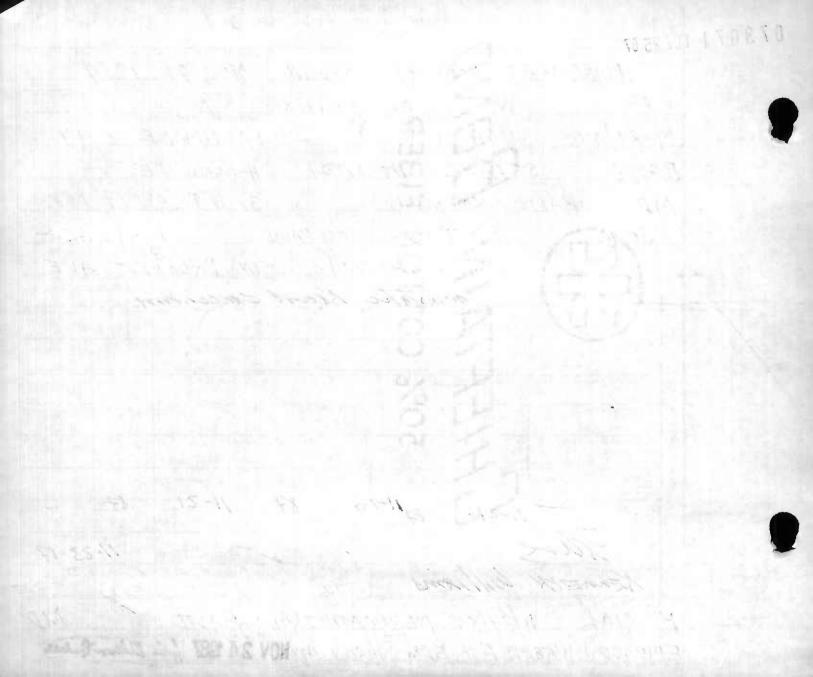
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Springer Land Committee

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MOV	FOR STATE PEGINDAR	DEPARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	
1 58 1 58	F	FT BOROTHY RACE S. DATE O MONTH MAY		NOU 3 6 AGE (IN YEARS LAST BIRT	MONTHS DATS HOURS MIN.
3/	RTHPLACE TO THE GROWN TO THE STATE OF THE ST	MARRIEL MIDOWE NAME OF HOSPITAL, NURSING HOME O LIE NOT IN SUCH FACHILITY, GIVE STREET ADDRESS)	D DNORCED	9 BALTIMORE CITY O	
10	AT RESIDENCE IF NUMBERS HOR CORONING STATE	CATONS VILLE	13d. INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NAM		OSPECT NE
	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO	JOSEPHINE 17 INFORMANT CARIC. STE	ADDRE ADDRE	SCHMAING SPECT AVE
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cone	DITION GIVEN IN PART 11a
CERTIFICATION	196 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
WEI	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FARM, ETC.) attended the deceased fram	5TREET	city or to	, 19. 7 , that (fi) las
	abave, (I) (wheth a) (did not) v	iew the bady after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
	22d. PHYSICIAN'S NAME (TYPE OR PR	Williams	22e ADDRESS 5772 WE	BALTIN	MALL 212.
23a	BURIAL, CREMATION, REMOVAL PECKY) A UNERAL DIRECTOR	236. DATE 236 NAME OF CE	ATHERAL 250 DATE	23d. LOCATION BALT REC'S BY REGISTRAD	COUNTY MAKE
E	DWARD J. WEB	ER FH. EPMONU	SON HIND	V 24 1987	Julia Devidor Rudoll



ctor, page 3 softer death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - S	OR TATE EGISTRAR			DEPARTI		EALTH AND MENT			EG. NO.	3 2	4	0	6
4		ASED NAME	FIRST		MIDDLE	- L	AST		20 DATE OF DE.	ATH MONTH	DAY	YEAR	2b HOUF	2
	(TYPE OR	PRINT)	Jehn		A.	5	Stevens		Novemb	er 17,	1987			M
	3 SEX			4 RACE	- 17 - 4	5 DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE		IF UNDER 2	
		Male			nite		il 29, 19	24	6;	3 Y	RS MONTHS	DAYS	HOURS	MIN
1		HPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	NEVER MARR	NED 🗆	9 BALTIMORE	CITY OR COL	JNTY OF DE	ATH		
2		Maryland			S.A.	WIDOWE	DI DIVORO	CED [Bal	timore	City			MD.
)	100	or town of d Baltimo:		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Batavia	ADDRESS)	PR OTHER INSTITUT	ION	120 USUAL OCC (TYPE OF WORK FOR Warehot	MOST OF WORKE	NG LIFE) IND	KIND OF USTRY Ret,	BUSINE	SSOR
	Mar.	yland	JRSING HOME OR		GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimor		13d Inside City Li Yes 2004 No			RESS / ZIP C Batav:	ia Ave	nue	2121	4
4	14. FATH	ER'S NAME		MIDDLE	LAST		15 MOTHER'S MAI	IDEN NAM		DDLE		LAST		Carlot a
2	g* .	Harry			Steven	S	Del	ia.	mi	OULE	D	onel		
7	160 WAS	S DECEASED EVE			166. SOCIAL SECU		17 INFORMANT			ADDRESS		21	214	
		NO OR UNKNOWN) Yes	WW II	WAR OR DATES)	216-12-	2543	Mary Jan	ne St	evens 3	204 Ba-	tavia			
	18	PART I. DEATH	WAS CAUSE	ly one couse per O BY: E CAUSE (o)	line for (a), (b), an	d (c).1					В	APPROXIMETWEEN O	NATE INTERV	EATH
	9 0 0	conditions, if or pove rise to it ouse (0), sto inderlying country of the condition of the	nmediate ting the se last.	(c)	R AS A CONSEQUE		NOT RELATED TO T			R CONDITION	1 GIVEN IN F	PART No		
1	CERTIFICATION 190	DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY		F YES, WERE ERTIFYING C			
		O. ACCIDENT WAS U	CAUSE OF DEA	in .	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURR		_		PART 2)		
	¥ "	d. INJURY OCCU	WHILE O	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CII	TY OR TOWN	COL	YINI	ST	ATE
	220			ol) ottended the	e deceased from	on	nd that in (my) (our)	198	2, to	the date and	, 19 <i>_1G</i> I hour and fr	01	hat (I) (w ouses stat	
		h SIGNATURE	15	11	Sus	2	PHYS	DING ICIAN	MEDICAL DIRECTOR F	STAFF		ZO	NOV	187
		Dr. Hur	igut. c	heung	M.D.				Hospital		timore	, Ma	ryla	nd
	23a BUR (SPEC	TAL, CREMATION	N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATIO		COUNT	Y	ST	ATE
	(376)	Buri	al	Nov 21	1987 P	arkwoo	od Cemete:	ry		timore			land	
	24 FUNE	RAL DIRECTOR			Appen				REC'D. BY REGIS	STRAR 256. PE			#1 a	1175
	Le	onard J	. Ruck	Inc.	Baltimor	e, Ma	ryland	NU	123 198	37 Ju	lia Den	dern-	Kanda	La properties

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detoched far use as the burial-transit permit. Then please remave cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is morked or Item 18 shows any

TO FUNERAL DIRECTOR After this certificate has been

OR ATTENDING PHYSICIAN: The low attending physicion.

one of the state o

T. Stephen . Lagran . 1

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		FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIE	NE 8 7	3	2 4	0 7
1942 NOV	1 SP	GEASED NAME FIRST		MIDDIE.		AST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
page r death	12	LAW	RENCE		ST	EVENSON			11	9 87	1 2:00 AM
The po	3 SE	X	4 RACE		5. DATE C		YEAR	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
age 4		MALE	BLAC		8		07	80	YRS		
neral di n 72 ho	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	NEVER MARI	RIED 🗆	BALTIMORE CITY BALTIMO	_		MD
HH CONTRACTOR	LE	BALTIMORE	2519 E	AST HOFF	MAN ST	REET		120 USUAL OCCUPA (TYPE OF WORK FOR MOS UNFMP1 O	TOF WORKING	(IFE) INDUSTRY	OF BUSINESS OR Y
24 hours	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION	13c. CITY OR TO	WN	13d. INSIDE CITY L	LIMITS?	3 SIREET ADDRES	S/ZIP COO	MAN STR	EET 2121:
mpletely and 2 s	0	EDWARD	WIDDIE	STEVENS	ON	15. MOTHER'S MA	1	MIDDLE	إزال		ast ITH
n and co		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, YES	ARMED FORCES? GIVE WAR OR DATES)	213-09		MAVRELL	STEVE		RESS	HOFFMAN	STREET
ING PHYSICIAN: The law requires that the death certificate be executed within 24 ratending physician. After this certificate has been signed by the attending physician and completely fille as the buriol-transit permit. Then please remove corbandopers: Pages I and 2 should the ord Mental Hygene prior to buriol, cremotion, or removal. or the deficial stows and injury, or other troumatic event, the medical stampermunical to the completion of the completion of the control or the completion of th	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO. COLOR TO CONDITIONS S	rei	DEATH BUT	NOT RELATED TO O	i'a	ZOG AUTOPSY?	20b. IF YI	IVEN IN PART I	INGS USED
The lo	E E	210. ACCIDENT WAS UNDERLYING	215 71645	OF INJURY	- 2	121, HOW INTUR	N OCCUBBE	YES NO	Y	res 🗌	№ □
or attending physicion. After this certificate has been east the bural-transit permit. alth and Mental Hygine priadity and Mental Hygine priadity and Mental Hygine priadity and marked or item 18 shows appropria	MEDICAL C	OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFFICE	19	211 LOCATION	TO COURT	CITY OR		COUNTY	STATE
DR ATTEND PIRECTOR: A ched for use Dept. of Heal		WHITE AT WORK NOT WHITE AT WORK 22a I certify that (I) (this he saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	on	13 19	87 .00	DEGREE	r) opinion de	eath occurred on the		22c DAT	E SIGNED
TO HOSPITAL (retained by the TO FUNERAL E should be deto with the State E IMPORTANT: If	730	22d. PHYSICIAN'S NAME (TY	eepe.	772	NAME OF C	PHY	F. C	DIRECTOR PHY	SICIAN [1111	10/87
BP	230	(SPECIFY) BURIAL	11/14			N FOREST	MATORI	OWINGS		COUNTY	MD
	24 F	UNERAL DIRECTOR	1 1 1 7 1 -				250 DATE	REC'D. BY REGISTRA	AR 256. REGIS		ATURE
DHMH - 16 60M 7/84 (VRA 15. 4)		vM.ººĈ. MARCH F	/H. INC.	1101 E	NORTH	AVENUE	NO	V 13 1987	7 July	a Devider	n. Randall

* *	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 7 3 2 4 0 0 REGISTRAR RICHARD DAVID STICHLER CERTIFICATE OF DEATH
1873 NOV 16	CEASED NAME RIEST DAVID STIELLEY DAVID STIELLEY
the Amo	S. DATE OF BIRTH UNDER 1 YEAR OAYS HOURS AND
2 12 to 12 t	U.S.A. The citizen of what country? Number of the city of country of death of the city of the city of country of death of the city of the cit
154 118	ALTIMORE 11. NAME OF HOSPITAL, NURSING HOME/OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OF MARYLAND 120. USUAL OCCUPATION (IT PRO OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. NAVY—ASSISTANT MANAGER
AND 213	JAL RESIDENCE JIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 134 STREET ADDRESS 136 STREET ADDRESS 13
MARYL bending	ATHER'S NAME FIRST ALBERT L. STICHLER 15. MOTHER'S MAIDEN NAME FIRST KATHERINE WAGENHAL
TIMORE Posed o	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. CHANKNOWN) VIETNAM STORY (1985) 557–52–0631 JILL L. STICHLER SAME AS # 13
ST., BAL g physics encopper encoud.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ICH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SMALL CAUSE (a) SMALL CAUSE (b)
ves, that the death of a part of the control of the	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a
L RECORDS	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO
CLAN-Th g physicic setticate sol-tronsit	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2] OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
NG PHTSICIA attending pi offer this certification on the bestoring in the bestoring and Mental and Mental	214. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STA
ATTENDI sprid to CTOR. A Sfor use of Health	220. I certify that (1) (this haspital) attended the deceased from 19 7, to 19 7, to 19 7, to 19 7, that (1) we saw the deceased alive an 1/1/1/8 19 7, and that in (my) (aur) apinian death accurred an the date and hour and from the causes state above. (1) (we) (did) (did not) view the body after death.
TAL OR y y the ho RAL DIRE defuction rate Dept	226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
D HOSPITA etailed by TO FUNERA should be al-	DAVID A VXN BCHO BALTIMORE, MARYLAND, f.
BP	BURIAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN ARLINGTON NATIONAL ARLINGTON VIRGINIA
DHMH - 16 50M 1/B1 (VRA 15, 4)	LEROY PROTOR RUSSELL C. WITZKE FUNERAL HOMES P. A 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 NOV 1 3 1987 Julia Decider Randae

STATE OF MARYLAND

	1				STAT	OF MARYLAND			
	1.	FOR STATE		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 7	3 2	4 0 9
2051		REGISTRAR					REG. NO		
2854 NOV 2	1 8	CEASED NAME FIR		MIDDLE	- 1	AST	26 DATE OF DEATH		26 HOUR
2 8 5 4 NOV 2	-	MAR	GARET	L.	51	OKES		11-21-	87 4°A
E Ti	3. SE		4. RACE		5. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR		DATS HOURS MI
98 2	/	FEMALE	Whi		08		9	YRS	
Po hou	7a B	RTHPLACE (STATE OR FOREIG	N THE CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн
no Z	Ch	ester, PA	USA		WIDOWE	DIVORCED []	Bu-L+IMOI	RE CHY	
oy the fulled with)0 C	ALTO	FRIMOU	HOSPITAL, NURSING FACILITY, GIVE STREET	NG HOME C ADDRESS)	NOTHER INSTITUTION 100 N. BROAD WA	YYPE OF WORK FOR MOSTO	FWORKING LIFE) INDU	IND OF BUSINESS (ISTRY HOME
ارد الله ع	USU	AL RESIDENCE (IF NURSING HE	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		13e.STREET ADDRESS		
支護を	130.	mD B	ALto.	21221	///	YES NO A		LeyRD	2/22/
	14,F/	THER'S NAME			177	15 MOTHER'S MAIDEN NAM	AE /	1	
	11	FIRST	WIDDIE	LAST		FIRST	WIDDLE	Jer	nkins
1	16n. \	James vas deceased ever in u	.S. ARMED FORCES?	Ogelsb		17 INFORMANT	ADDRE		
Poge 7	1	VES NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	195-05-		Margaret 0.	Shotkodk	Dollar	MD 2
physician npopers. P maval.	-	18 CAUSE OF DEATH IER PART I. DEATH WAS C		+		Margaret U.	SHOCKOSK		APPROXIMATE INTERVAL WEEN ONSET AND DEAT
is that the death or ed by the attendin please remave carb irial, cremation, ar ar ather troumatic		underlying couse la	tich (b) (b) DUE TO, O	R AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERMI	DISTASS OF COLUMN	DISON CASE AND D	ADT L
quire sign Then to bu	Z		UD	JAIRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COIN	DITION GIVEN IN FA	AKT 110
he low re on.	CERTIFICATION	198 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20c AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO
G PHYSICIAN: The k strending physicion. In this certificate has the burial-transit per and Mental Hygiene ked or frem 18 shows		718. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A.		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TO PART I OR P	ART ?)
DING PHYS or offer this c e os the bur offth and Me marked ar H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	CITY OR TO	wn cour	NIY STATE
Af Af S mo		220.1 certify that (1) (this	haspital) attended th	ne deceased fram.			, to	. 19	, that (II (we) I
Pitol Pitol For to of H		sow the deceased of	ive on_ did not! view the body	ofter death	, 00	nd that in (my) (our) apinion o	death occurred on the d	ote and hour and tra	im the couses stated
AL OR ATT y the hospi (AL DIRECTI detoched for ote Dept. of UT; If Item 2		17h SIGNATURE	90 (8			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	DATE SIGNED
HOSPII ined by uld be uld be to the St		270 PHYSICIAN'S NAME		Altw.	w	, , ,	N BROADI	NAY 212 BALLO, M	102
Sho Sho	23a.	BURIAL, CREMATION, REM	OVAL 236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		BURIAL				HILL MEM.PAR	K BALTIMO	RE CO.	MD STATE
		UNERAL DIRECTOR	1	-, -, 110			REC'D. BY REGISTRAR	256 REGISTRAP'S SI	IGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)			OHNSON 8	521 LOC	H RAV	EN BLVD. NO		Aulia Deno	ton. Randall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG I	vo 3	2	4	
20 DATE OF	DEATH	HINOM	DAY	YEAR	26 HOUR

lo di	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG NO S	2410
	PECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Rebecca		Stokes	November 4,7 1987	5:45 PM
1.5	Female,	NEO OD	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS	IF UNDER TYEAR IF UNDER 24 HRS.
1	COUNTRY		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
7 10.0	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING		Baltimore Ci 12a SUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
1	MATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE AD	13d INSIDE CITY LIMITS? YES A NO	13 STREET ADDRESS / ZIP CODE	(1 . e : 1 / 7/17) E
1		AIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
160	WAS DECEASED EVER IN U.S. ARA		TY NO. 17 INFORMANT	ADDRESS ADDRESS	10RGS-21217
	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) BY. E CAUSE (a) Ventricul DUE TO, OR AS A CONSEQUENCE	lar Febrillation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	Heart Disease	Renal Failure	
1,		ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART Tra
_ ê	Peripheral	Vascular Disease			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \text{NO} \bigcap \)
4 3	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER NOTIFY MEDICAL EXAMINER)	th .	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARA	M ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that X (this haspit saw the deceased alive an above, (I)Xve) (did) X X X	al) attended the deceased fram <u>November 4</u> , 19 80 view the bady after death.	Ovember 4., 19.87 7., and that in (XX(aur) apinion of DEGREE		19_87_, that (K(we) last r and from the causes stated
	1-0	1º man	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/4/87
	220. PHYSICIAN'S NAME (TYPE OF	CHAMI MILE	210 ADDRESS C/O Maryla	and General Hospi	ital
23a	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. LOCATION	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

24 FUNERAL DIRECTOR L. RUSS 2222 WINDERTH AUR NOV

D BY REGISTRAR NO REGISTRAR'S SIGNATURE

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STATE	OF	MA	RYL	AND

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYO	0 1	3 s. NO.	2 4		1
	ASED NAME	FIRST		MIDDLE	i	AST		20. DATE OF DEAT		DAY YEAR	2b. HO	UR
1000		OUISE	V	V.	STO	NE		Novemb	er 27	, 1987		M
3. SE	X		. RACE		5 DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YE		ER 24 HRS
_	FEMALE		WHI	TE	MONTH		98	89	YRS	MONTHS DAY	75 HOURS	MIN.
	IRTHPLACE (STATEOR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CIT			04	h ==
E	BALTIMORE,	MD	MARYL	AND	WIDOWE		NARRIED DIVORCED	BAETO	עאשי	BALTIMO		ty MD.
	ITY OR TOWN OF DEA			HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUI	PATION	126. KINE	OF BUSIN	
MARYLAND SUAL RESIDENCE (IF NURSING HOME O			KESWIC	G HOME			Teacher Education			on		
130	STATE MD	13b. COUN		13c. CITY OR TOWN Balto	N	13d INSIDE	CITY LIMITS?	13e.STREET ADDRE			St.,	2121
M F	ATHER'S NAME		IDDLE	LAST	15.01	15. MOTHE	R'S MAIDEN NA					
0	Harry		·	Wood		Geo	orgetta	a MIDD		Walke	er	
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORM	AANT	AC	DRESS			
- 1	NO OR UNKNOWN)	(IF YES, GIVE	487 34 44			Mary K. Sheeler, Towson,				MD	10	
	18 CAUSE OF DEATH lEnter only one cause per line to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laskio intestend bleeding side unknown								APPR BETWEE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
CERTIFICATION	19a DATE OF OPERA	TION	196. CONDITION FOR WHICH OPER			N WAS PERF	ORMED	200. AUTOPSY?	IN CERTIFYIN		WERE FINDINGS USED NG CAUSES OF DEATH?	
	210, ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW	INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR PART 2	')	
MEDICAL	21d INJURY OCCUR	TILE []	21e. PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCAT	ION ET	CITY C	OR TOWN	COUNTY	1	STATE
	220.1 certify that (1) saw the decease abave, (1) (we'd 22b. SIGN ATURE	(this haspite	11/17	9 (13)	, or	DEGREE	y) (aur) apinian	death accurred an th	ne date and h			
	PHYSICIAN DIRECTOR PHYSICIAN 1/27/8). 1224 PHYSICIAN'S NAME (TYPE OR PRINT) 1226 ADDRESS									1.		
	Phili	р Мос	ore, M	D		Kes	wick Ho	ome, Bal	to.,	MD		1
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OF	RCREMATORY	23d LOCATION	N	COUNTY		STATE
	Burial		12/1			n Par		Balto	.,	_	1D	DIAIL
24. FI	UNERAL DIRECTOR	н.	V. Jen	kins S			NO!	V 3 0 1987	dulia !	STRAR'S SIGN	Shippen .	6

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT, If them 21 is marked or frem 18 shows ony

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NOVS O REAL PER SHAPE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

John C. Miller, Inc.-6415 Belair Rd.-21206

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

WOV 10 1987 Julia Divideon Rudale

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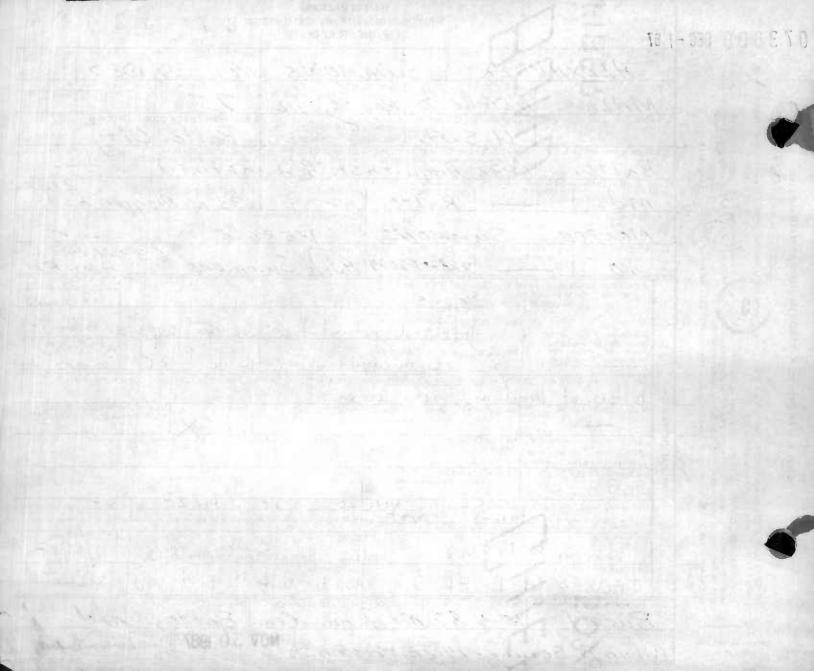
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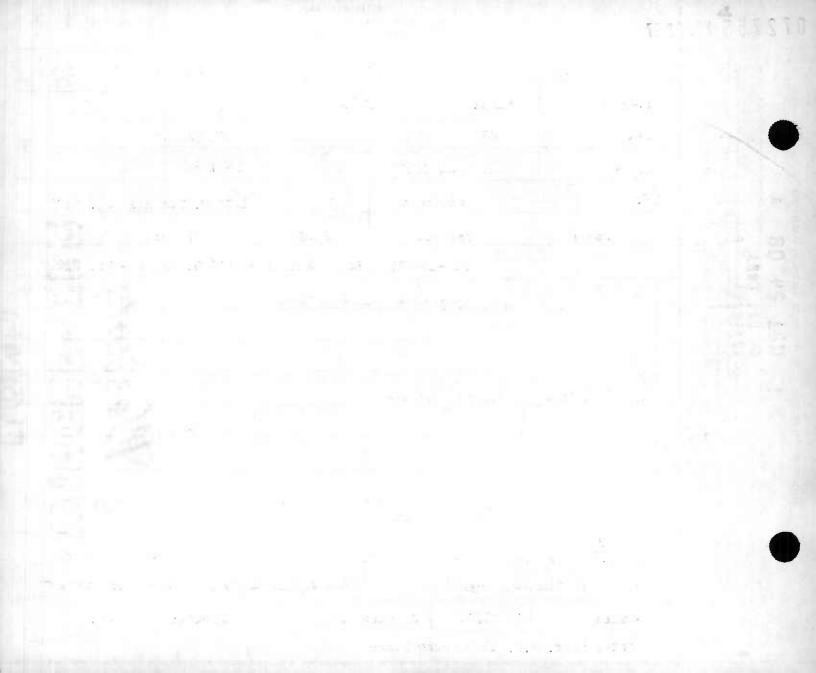
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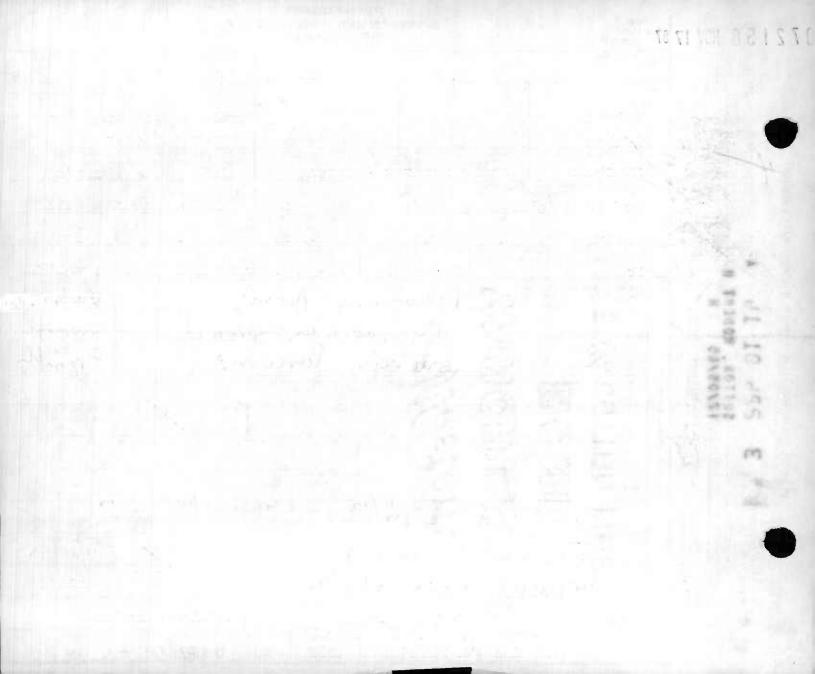


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				1	FOR		DEPART	MENT OF HE	ALTH AND MENTAL HY	GIENE 8 7	12	2 4 1	4
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Nan:	600	dire	0	70 B	RTHPLACE (STATE OR FOR	FIGN 75 CITIZEN O	F WHAT COUNTRY?		24/11/0	9 BALTIMORE CITY		DEDEATH	
	#	rol o	3		OUNTRY	11	10	MARRIED		7 11		1.	
	De	oue nin	8_1			u,	3-17,	WIDOWED		Dalt	0.01	71/	MD.
h.	10	e ×	P	10 C	TY OR TOWN OF DEATH		F HOSPITAL, NURSIN UCH FACILITY_GIVE STREET		OTHER INSTITUTION	12a. USUAL OCCUPA (TUPE) OF WORE FOR MOS	TION CHEEK	126 MIND OF BUS	SINESS OR
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22	and	5 0	-	USU	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTIO	IN, GIVE RESIDENCE BEFOR	E ADMISSION)				2	1202
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A N	22	23	1		Mic.		Bal	10,	YES NO	635 NI	111591	11703	7,
1,4	€	Erven	1	14. F	THER'S NAME	MIDDLE _	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
A.	D.	900			MONROR	- 50	IMMO	25	NEX	(-15		cum H	-
w	S.	-	1		VAS DECEASED EVER IN	U.S. ARMED FORCES	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADD	RESS	> 21 A.S	- 1-1+4
Ö	2	0 00	· 0	1	YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	1078-05	2074	01/25		633	5 10,0113	BLI
*	E_	10.0	7		110		1246-00	1011	MOPPE OU	mmons		strot, c	5/7
BAI	15	1	15		18 CAUSE OF DEATH	Enter only one couse p	er line for (a), (b), or	nd ici.T				APPROXIMATE I	AND DEATH
2	10	5.0	12		PART I. DEATH WAS	MEDIATE CAUSE (a)_	Se0515					12 h	OUES
Z	8 4	思報	2					EN IOE OF			1		1.4
0	8_	1	4		Candidan II		OR AS A CONSEOU		Lactation	Auri	doorsit	\$ 6 ms	nths
W	· d	0.00	0		Conditions, if any, w gave rise to immed		Intecte	er me	10/2/4/11	The man	my of 1	1	L
>	=	4 8 3	-		couse (a), stating underlying couse		OR AS A CONSEQU	ENCE OF		6 1 1		at leas	11
-	tho	d by	6		underlying couse	(c)_	COLO	M CAM	cer une asto	itic to 1	Iver	16 mes	1145
74		9 0	ž.		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERA	AINAL DISEASE OR CO	NDITION GIVE	N IN PART Tra	
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0		210	1	F	19a, DATE OF OPERATIO		DITION FOR WHICH			200 AUTOPSY?		WERE FINDINGS L	
200	2	5 5 5	1	문						WEST 112		ING CAUSES OF D	
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ō	V S	100	1	l ₹	(IF EITHER, NOTIFY MEDICAL		P.M.	19					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072158 NOV 17 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR LTYPE OF PRINTS ROBERT H. SUTTON NOV. 14,1987 10:00APM AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS SEX 4. RACE 5 DATE OF BIRTH MONTH DAY YEAR December 5, 1965 White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Michigan USA BALTIMORE CITY WIDOWED DIVORCED [ETTY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Chef BALTIMORE JOHNS HOPKINS HOSPITAL Denny's AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 2042 Jasmine Road 21222 Baltimore Dundalk Maryland NO K 4 EATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST **FIRST** MIDDLE MIDDLE Sutton Sandra M. Bonsall Robert ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MES. NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST Robert H. Sutton 2042 Jasmine Road 21222 213-86-1638 8 CAUSE OF DEATH (Enter only one couse per line) or (of (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVICI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 26. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d IN JURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from 11/14 37 sow the deceased olive on_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (wet (did) (did not) view the body ofter death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN 22d PHYSICIAN'S NAME TYPE OF PRINTS 22e ADDRESS S HOPKINS HOSPITAL BALTO 21205 WOLFE 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Cremation Baltimore Maryland STATE 11 - 16 - 87Westview Duda-Ruck Funeral Home of Dundalk 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) 7922 Wise Ave. Dundalk, MD 21222



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, , ,	102		1. DEC	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR P
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	400		3 SEX		RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	INDER I YEAR IF UNDER 24 HRS
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-	2 43	26		RTHPLACE (STATE OR FOREIGN)	& CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
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510	M	And S			11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOPKI			126 KIND OF BUSINESS OR
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7	Cyrk he ho DIRE	f Hen		226. SIGNATUR	1	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
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